Platte AWANA Program Permission, Release & Authorization
Consent to Medical Treatment of a Minor

1. This authorization applies to the above named child/children, who is/are under 18 years of age.
2. I hereby give permission for the above-named child/children to participate in physical activities, events & functions sponsored by or conducted under the supervision of the AWANA program. I hereby release, acquit & forever hold blameless for myself, my heirs & my executors, the AWANA program at Calvary Baptist Church, it's staff members and workers from any and all responsibility, liability or claims for accidental injury involving the above-named child/children.
3. By my signature, hereto, I authorize the staff members of Calvary Baptist Church and any sponsor or chaperone entrusted with the supervision of and responsibility for the above-named child/children to consent to the medical treatment for the same in the event that I, or my emergency contact listed, cannot be contacted.
4. This permission, release and authorization shall be effective for the current AWANA year unless revoked in writing.
5. I have authority to give the permission, release and authorization to consent to medical treatment of the above-named child in that I am the child('s)/children('s) mother, father or legal guardian.