

**AWANA Club Activity Permit 2011-2012**

**Church: Hope Community Church, Olympia, Washington**

**Child's Name:** \_\_\_\_\_

Event: AWANA Club Meetings/ Events

To Whom it May Concern:

As a parent and/or guardian, I do herewith give permission for my child to participate in AWANA Club at Hope Community Church and I authorize treatment under the direction of any licensed physician of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the church where the child attends AWANA Club from any liability therefore.

Date or dates when release is intended: September 15, 2011 through May 31, 2012

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: \_\_\_\_\_  
Father-Mother-Legal Guardian

Family Physician: \_\_\_\_\_  
Phone \_\_\_\_\_