

2017-2018 BETHANY BAPTIST AWANA PARENTAL AUTHORIZATION

Child's Name _____ Parent's Names _____

Address _____

Contact Phone _____ Parent Email _____

Birthdate _____ Grade _____ School _____

I give my permission for my child to participate in Bethany Baptist Church's AWANA program and AWANA special events on and off the premises of Bethany Baptist Church. I understand I will be notified in advance of any off-premise events and are assured adequate adult supervision will be provided.

In the event of an emergency I understand the AWANA leadership will determine the seriousness of the injury and will make every effort to contact the parent or guardian. If unable to contact parent or guardian and the emergency is life-threatening, the child will be transported to Salem Hospital via 911 emergency services. If unable to contact parent or guardian and the emergency is not life-threatening, the child will be made as comfortable as possible until the parent is contacted.

_____ Yes, I authorize the above procedure.

_____ No, my preference is written on the back of this form.

Signed _____ Date _____