AWANA Permission Form 2018-2019



Castleford First Baptist 208-308-6825 www.fbcford.com



Section 1 Child Information				Age Grade		
Name:				_ Birt	th date	
I	Last	First				
None	Allergies	Medical Cond	litions	Both		
List All All	ergies, Medical coi	nditions, and Prescrip	otion Medicat	tions:		
Section 2	Parent and P	hysician Informa	tion			
Parent/Guardian Names			Phone			
				Church		
	Mailing		City			
Primary Pho	one	Seco	ondary Phone			
	<u> </u>					
				Pho	nne	
Secondary Parent/Guardian Names Address Mailing						
71441035	Mailing		City	Cilui	.CII	
Primary Ph	none	Secon	dary Phone _			
Email						
Physician Name			Phone			
is inherent risk As a parent/gua I further release I do herewith at event of a medi disfiguration, pl	in all activities. ardian, I give my consent c Castleford First Baptist uthorize treatment under ical emergency which, in	for the above student to par Church of liability in the ev the direction of a licensed p the opinion of the attending due discomfort if delayed.	ticipate in the pro ent of an accident hysician or emerg medical professi	ogram and its events t during the normal gency medical work onal, may endanger	procedure of the program. er of the above minor in the his or her life, cause	
Signed			Father,	Mother,	Guardian	
			,	,		
Normally all If you desire persons to pic You can alwa	for your children to be ck up your child on the ays call with special cir	at 5:00 and allowed to fine kept inside until picked line below. Treumstance information. The description of the control of	up, Please checl	k the box and put	the names of authorized	
	1			ersons for Pick-up		
		p	icks them up	inside the buil	ding.	