



COMMUNITY BIBLE CHURCH

September 5, 2017 – June 2018

GENERAL PERMISSION SLIP & EMERGENCY INFORMATION

ALLERGIES: FOOD __ MEDS __ OTHER __

FOR REGISTRAR'S USE: CBC __
Date: __ AW __
Cash/Check#: __
Amount: \$ __
FAMILY (#): __ DUES PAID __
BOOK(S) PAID __ UNIFORM(S) PAID __
OTHER __

Child's Name: _____

PLEASE PRINT CLEARLY.

Date of Birth: ____ / ____ / ____ Male __ Female __

Home Church: _____

PRE-K: Starting Kindergarten 09/2018__ 09/2019__ 09/2020__

SEPTEMBER 2017 SCHOOL GRADE (Please circle one.):

K 1ST 2ND / 3RD 4TH / 5TH 6TH / 7TH 8TH / 9TH 10TH 11TH 12TH
SPARKS / TRUTH & TRAINING / TREK / JOURNEY

Address: _____

City: _____ Zip: _____ Home Phone: _____
PLEASE PRINT CLEARLY.

Previously enrolled in AWANA ____ Last Book Completed: _____

Father (Printed): _____ Cell Phone: _____

Mother (Printed): _____ Cell Phone: _____

OR Legal Guardian (Printed): _____ Cell Phone: _____

E-mail Address(es): _____
PLEASE PRINT CLEARLY.

Where can you (Parent or Guardian) be reached during club time? _____

EMERGENCY CONTACT: Name: _____ Phone: _____

Doctor: _____ Phone: _____

Allergies or medications being taken: _____

General Permission and Authorization to Consent to Treatment of Minor

I, the undersigned, Parent or Legal Guardian, do hereby grant permission for the child named above, to attend all the Community Bible Church AWANA Club's organized outings during this club year. Should medical care be needed, I also authorize any licensed emergency personnel, doctor, paramedic, or hospital to perform any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and care which is deemed advisable by said emergency personnel, doctor, paramedic, or hospital regardless of where such diagnosis or treatment is rendered. It is understood that this authorization is given in advance of any specific need for diagnosis, treatment, or hospital care and intended to provide authority and power on the part of any Awana leader or personnel to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned emergency personnel, doctor, paramedic, or hospital in his/her best judgment may deem advisable. This authorization is made under CA. Family Code Sec. 6910.

Signature of Father, Mother, or Legal Guardian: _____
(Please circle one.) SIGNATURE DATE

Printed Name of Person Signing