

**CAPITAL BIBLE CHURCH
WAIVER OR LIABILITY/PERMISSION FORM**

I (we) hereby give our permission for our child(ren),

to go on the Capital Bible Church AWANA activity and will not hold the church or AWANA chaperones liable for any accident (s) which may occur. I (we) also agree that they will abide by the rules and dress code of the AWANA club.

Signed _____ Date _____

MEDICAL RELEASE

Child(ren)Name(s)_____

Address _____

Birthdate(s)_____ Phone_____

Emergency person and phone _____

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me (us). However, if I (we) cannot be reached, I (we) give my (our) permission to the staff or sponsor to secure the service is of a licensed physician to provide the care necessary, including anesthesia, for my (our) child's well-being.

Signed _____ Date _____

Insurance Company _____

Group/Policy Number _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:
