## Permission Slip -Child #1

| Please list any medical or physical limitations.   | include allergies to medication(s) and/or   | iood(s).   |                         |
|--|---|--|-------------------------|
| This child MAY NOT be picked up by   |   |  |                         |
|  |   |  |                         |
| This child may also be picked up by  |   |  |                         |
| Alternate Name   |   |  |                         |
| I give permission for my above-named child to atte<br>the understanding and agreement that neither the ch<br>for my child to be treated by a licensed physician de<br>I give Taft Avenue Community Church permission<br>Parent's Signature | urch nor any individual be held responsible<br>signated by the group, in case of emergency<br>to use photo and video taken of my child fo | in the event of accident, injury or disobedience. I only.  use in promotional materials.               | further give permission |
| Child's name:  |   |  |                         |
|  | Permission Slip –Chi  | ld #4  |                         |
| Please list any medical or physical limitations.   | Include allergies to medication(s) and/or   | food(s).   |                         |
| This child MAY NOT be picked up by   |   |  |                         |
| This child may also be picked up by  |   | Phone  |                         |
| Alternate Name   | Phone   | Cell   |                         |
| for my child to be treated by a licensed physician de<br>I give Taft Avenue Community Church permiss<br>Parent's Signature   | signated by the group, in case of emergency<br>ion to use photo and video taken of my   | only.<br>Child for use in promotional materials.   |                         |
| I give permission for my above-named child to atte<br>the understanding and agreement that neither the ch  | nd the AWANA Clubs and AWANA Act<br>urch nor any individual be held responsible   | ivities for the 2023-24 club-year at Taft Avenue C in the event of accident, injury or disobedience. I | Community Church with   |
| Child's name:  |   | Date:  |                         |
|  | Permission Slip –Ch   | <u>ld #3</u>   |                         |
| Please list any medical or physical limitations.   | Include allergies to medication(s) and/or   | food(s)  |                         |
| This child MAY NOT be picked up by   |   |  |                         |
| This child may also be picked up by  |   |  |                         |
| Alternate Name   |   |  |                         |
| the understanding and agreement that neither the ch<br>for my child to be treated by a licensed physician de<br>I give Taft Avenue Community Church permission<br>Parent's Signature   | signated by the group, in case of emergency<br>to use photo and video taken of my child fo  | only. use in promotional materials.  |                         |
| I give permission for my above-named child to atte   | nd the AWANA Clubs and AWANA Act  | ivities for the 2023-24 club-year at Taft Avenue C   |                         |
| Child's name:  | Permission Slip –Chi  |  |                         |
| Please list any medical or physical limitations.   | include allergies to medication(s) and/or   | 100d(s).   |                         |
| This child MAY NOT be picked up by   |   |  |                         |
| This child may also be picked up by  |   |  |                         |
| Alternate Name   |   |  |                         |
| Parent's Signature   |   |  |                         |
| the understanding and agreement that neither the ch<br>for my child to be treated by a licensed physician de<br>I give Taft Avenue Community Church permission   | signated by the group, in case of emergency<br>to use photo and video taken of my child fo  | only. use in promotional materials.  |                         |
| Child's name:  I give permission for my above-named child to atte  |   | Date:  |                         |
| C1 '1 1'   |   | T  |                         |