

Calvary Baptist Church

27481 SD Hwy 45 • P.O. Box 116 • Platte, SD 57369 • (605) 337-3062

Platte AWANA Program Permission, Release, and Authorization Consent to Medical Treatment of a Minor

1. This authorization applies to the named child/children in this registration process, who is/are under 18
2. I hereby give permission for the above-named child/children to participate in physical activities, events, and functions sponsored by or conducted under the supervision of the AWANA program. I hereby release, acquit, and forever hold blameless for myself, my heirs, and my executors, the AWANA program at Calvary Baptist Church, its staff members and workers from any and all responsibility, liability, or claims for accidental injury involving the above-named child/children.
3. By my signature hereto, I authorize the staff members of Calvary Baptist Church and any sponsor or chaperone entrusted with the supervision of and responsibility for the above-named child/children to consent to medical treatment for the same in the event that I, or my emergency contact listed, cannot be contacted.
4. This permission, release, and authorization shall be for one year after signed, unless revoked in writing.
5. I have authority to give the permission, release, and authorization to consent to medical treatment of the above-named child in that I am the child(s)/children(s) mother, father, or legal guardian.
6. Registration in the AWANA program indicates consent.