

PERMISSION SLIP

Name of Child _____ Date of Birth _____ Grade _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____

Name, if mother or father cannot be reached, _____ Phone _____

Name of Home Church _____

List any allergies your child may have: _____

List any other special concerns we should be aware of: _____

PHOTO/VIDEO RELEASE FOR MINOR

I, as parent/guardian with legal responsibility for the child listed on this form, hereby grant Faith Baptist Church of Greenville, Ohio the perpetual right to use photographs or video taken of my child/dependant for any legitimate purpose without compensation to my child/dependant, myself, or my child's/ dependant's heirs, executors, or assigns. Legitimate purpose may include, but are not limited to, website, in newspapers, brochure, internal publications, displayed prints, worship services, special events, etc.

I understand Faith Baptist Church, Greenville, Ohio, and its leaders will take effort to insure the safety of my child during AWANA Club meetings and the special activities. I am releasing Faith Baptist Church of legal responsibility in regard to any injury or illness which might occur in any aspect of the outworking of this club and its activities, including the transportation to and from the club and its activities.

I hereby give the adult leaders supervising the club and its activities my permission to order a preliminary physical examination and emergency medical treatment of my child in case of illness or injury. I understand I will be contacted as soon as possible.
