



## Event Permission Slip & Medical Waiver Form

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

I hereby grant to said representative of Mill Springs Baptist Church permission for my child/children \_\_\_\_\_ to attend

Awana Clubs every Wednesday night during the months of  
August-May, as noted on their schedule of events.

I grant permission for the representatives of Mill Springs Baptist Church to take my child to the nearest medical facility and receive appropriate medical care should an accident or unforeseen event resulting in injury occur.

I understand that, should my child misbehave, I may be asked to transport my child from the event in which he/she is participating. This will only occur in an extreme circumstance.

I will be responsible for any medical bills resulting in my child's injury or illness beyond the control of the chaperones.

I understand and grant my full consent to all the above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date