



Eagle Point Community Bible Church  
Permission Slip 2018 – 2019

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthday \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to receive club information and updates through (circle one) email text

Please list any special medical issues, allergies, etc., below:

\_\_\_\_\_

Emergency Contact during Awana:

Name

Phone

I hereby give permission for \_\_\_\_\_ to participate in any Awana activity sponsored by Eagle Point Community Bible Church.

The undersigned hereby authorizes Awana representatives to obtain any and all necessary medical treatment for the child listed. It is understood that occasional photographs may be taken during activities for use in social media or publicity by Eagle Point Community Bible Church. No names or personal identifiable information of children is used.

Parent Signature

Date

OFFICE USE ONLY

Paid (\$25) \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Book Given: \_\_\_\_\_

Vest/Shirt Given: \_\_\_\_\_