

## AWANA Parent Permission and Release Form

Shadow Mountain Community Church  
2100 Greenfield Dr. El Cajon, CA 92019 (619) 590-1749

Child Full Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (other than mother or father) \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. (or write none if none) \_\_\_\_\_

Policy # and Group (don't include an SSN) \_\_\_\_\_

Known Medical Conditions, Allergies, Medications, or Special Needs \_\_\_\_\_

### Authorization of Consent to Treatment of Minor Children

I, the undersigned parent of the minor child(ren) listed above, do hereby authorize Shadow Mountain Community Church Ministry leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. This authorization shall remain effective through the year of school 2018-2019, unless sooner revoked in writing delivered to Shadow Mountain Community Church.

### Release of the Shadow Mountain Community Church

I, the undersigned parent of the minor child(ren) listed above, shall indemnify, hold free and harmless, assume liability for, and defend the Shadow Mountain Community Church and its affiliate corporations, its agents, servants, employees, officers, and directors from any other sums which the arising or alleged to have arisen out of our child(ren)'s use of real or personal property belonging to Shadow Mountain Community Church and its affiliate corporations.

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

### Consent of the use of Photographs

I, the undersigned parent of the minor child(ren) listed above, agree to allow my child(ren)'s photograph(s) to be taken while participating in any AWANA program. These photos may be used in craft projects, or for promotional and informational purposes including display on the website. I will notify the Children's Director in writing if I object to my child(ren) being photographed.

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