

Parent/Guardian Contact Information Sheet

Please fill out the following basic information so that we can reach you in case of emergency.

A form is required for **each** child.

Date _____

Child's Name _____ Age _____

Birth Date _____ Grade _____

Home Phone Number _____

Address _____

City _____ State _____

My child will participate in the following club: (please circle)

CUBBIES – 3 & 4 year olds

SPARKS –K-2nd grade

T & T – 3rd- 4th grade

T & T – 5th-6th

Parent/Guardian Name

Parent/Guardian Name

Phone number(cell)

Phone number (cell)

Please list two emergency contacts, NOT including parent/guardian(s):

Emergency contact 1:

Name / Relationship to child: _____

Phone number (cell):

Phone number (home):

Emergency contact 2:

Name / Relationship to child: _____

Phone number (cell):

Phone number (home):

Individuals authorized to pick up your child _____

May we have permission to photograph your child? ___ YES ___ NO

Photo will only be used in church presentations.

AWANA Games Permission

My child has my permission to participate in the AWANA Games hosted by First Baptist Church in Buda, Texas. (_____ Parent Initial)

Turn page over for more information request

Confidential – For Official Use Only

Allergies _____

Medication Being Taken _____

Date of Last Tetanus Shot _____

Name of Physician _____

Physician's Phone Number _____

Insured Designated Hospital _____

Insurance Company Covering Child _____ Policy # _____

Physical Impairments, Chronic Illnesses (Heart, Epilepsy, etc.), Autistic, ADHD, Learning Disabilities or any other information that would help us minister effectively to your child. _____

(Print Child's Name)

Medical Emergency Care Information Form

1. I, [Parent's Name], _____ understand that the above name students may participate in physical activities such as those held during Game Time. I understand that with any physical activity, there is a risk of injury. I fully accept this risk and do not hold any legal liability to: First Baptist Church, Buda, TX and/or any persons involved in Awana Clubs International, and/or the Awana Clubs at First Baptist Church, Buda, TX.

2. In the event of an emergency that requires medical treatment for the above named student, I understand that every effort will be made to contact me or my emergency contact. However, if I cannot be reached, I give my permission to an Awana Leader/Parent to secure the services of a licensed physician/or qualified medical/emergency professional to provide the necessary care for my student's wellbeing. I assume full responsibility for all costs connected to any accident or treatment of my child.

3. I grant permission for my child to travel to/from any/all Awana events with an adult leader/parent. Any such event will be clearly communicated with me before the event.

(Signature of Parent or Guardian)

(Date)

(Printed Name of the Parent or Guardian)