

## 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 \_\_\_\_\_ Parent Email Address \_\_\_\_\_

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)