

**AWANA CLUBS
PARENT/GUARDIAN CONTACT INFORMATION SHEET**

Please complete the following basic information so that we can reach you in case of emergency. A completed form is required for **EACH** child.

Date: _____ Parent e-mail address: _____

Child's Name: _____ Age: _____

Birth Date: _____ Grade: _____

Home Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Cell Phone Number: _____ Cell Phone Number: _____

Please list two (2) emergency contacts, NOT including parent/guardian(s):

Emergency Contact 1: Name & relationship to child

Name: _____ Relationship to child: _____

Cell Phone Number: _____ Home Phone Number: _____

Emergency Contact 2: Name & relationship to child

Name: _____ Relationship to child: _____

Cell Phone Number: _____ Home Phone Number: _____

Individual(s) authorized to pick up your child: _____

May we have permission to photograph your child? YES NO

Photos 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** _____)

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

CUBBIES: 3 & 4 YEAR OLDS

SPARKS: K – 2nd grade

T & T: 3rd, 4th, & 5th grades

Turn page over for more requested information.

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:

1. I, **(Parent’s Name)** _____ understand that the above named child 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, Texas and/or any persons involved in AWANA Clubs international, and/or the AWANA Clubs at First Baptist Church, Buda, Texas.*
2. In the event of an emergency that requires medical treatment for the above named child, 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 child’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/Guardian)

(Date)

(Printed Name of Parent/Guardian)