

AWANA Club Permission Form – 2018-2019
First Baptist Church of Fredericksburg
Please complete one registration and permission form per child

As the parent or guardian of the child identified below, I give my permission for him/her to participate in AWANA Clubs at First Baptist Church of Fredericksburg, including all associated events and activities.

I additionally authorize medical treatment for my child under the direction of any licensed physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger the child's life, or may cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by telephone at the numbers listed below.

I assume the full and sole responsibility for all costs connected with such medical treatment.

I hereby release First Baptist Church of Fredericksburg, AWANA Clubs International, the AWANA Missionary, and all AWANA chaperones and volunteers from all liability related to my child's participation in AWANA Clubs and any medical emergency treatment.

Parent/Guardian Signature: _____ Date: _____

THIS PERMISSION FORM IS FOR

Child's name: _____

PARENT/GUARDIAN CONTACT INFORMATION

Name: _____ Mobile phone: _____

Home phone: _____ Other phone: _____

Home address: _____

ALTERNATE CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

Name: _____ Phone: _____

Relation to child: _____

CHILD'S MEDICAL INFORMATION

List all specific medical or food allergies, chronic illnesses, or other conditions that we or a physician may need to know:

All immunizations are current: Yes No; child is missing _____

Physician's Name: _____ Office/Emergency phone: _____