

AWANA CONSENT/MEDICAL RELEASE FORM

Please review each year before signing and dating.

CHILD'S NAME: _____ BIRTH DATE: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

GRADE/SCHOOL: _____ ADULT'S E-MAIL: _____

CHILD'S E-MAIL: _____ HOME CHURCH: _____

FATHER (PLEASE PRINT): _____ CELL: _____

MOTHER (PLEASE PRINT): _____ CELL: _____

GUARDIAN/ADULT WHO BRINGS CHILD IF NOT PARENT:

(PLEASE PRINT) _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____

YES/NO ALLERGY? SPECIFY ALLERGY: _____

YES/NO SPECIAL NEED? SPECIFY HEALTH/DIET NEED: _____

YES/NO HOSPITAL INSURANCE? INSURANCE COMPANY: _____

INSURANCE POLICY #: _____

NAME ON INSURANCE POLICY: _____

We/(I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist on the medical staff of a hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

We/(I), the undersigned, do also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted to and from VBC's AWANA Club, and while attending and participating in all AWANA activities or field trips sponsored by Victor Baptist Church. (INCLUDING BUT NOT EXCLUSIVE TO ROSEHAVEN NURSING HOME.)

We/(I), the undersigned, do also hereby give consent for our (my) child to be photographed, video, or audio taped as the event is documented, and for the possible use of those by Victor Baptist Church.

We/(I), the undersigned, do hereby give permission for our (my) child, _____, to attend and participate in all AWANA activities sponsored by Victor Baptist Church during the following school years.

SIGNATURE: _____ RELATIONSHIP: _____

PRINT NAME: _____ DATE: _____

September –May _____ (Present School Years)

SIGNATURE: _____ RELATIONSHIP: _____

PRINT NAME: _____ DATE: _____

September –May _____ (Present School Years)

SIGNATURE: _____ RELATIONSHIP: _____

PRINT NAME: _____ DATE: _____

September –May _____ (Present School Years)