

Registration and Medical Release

Grace Bible Church AWANA 2019-2020

Child's Name _____

Birth Date _____ Age _____ Grade _____ Gender: M or F

Church _____

Address _____ City _____ ZIP _____

Father's Name _____ Home _____ Cell _____

Mother's Name _____ Home _____ Cell _____

Parent's Email Addresses _____

In case of emergency where a parent/guardian cannot be reached, please call:

Name _____ Home _____ Cell _____

Relationship _____

In which area would you like to help?

Classroom Volunteer _____ AWANA Store _____ End of Year Ceremony _____

Please provide any important information regarding your child:

Allergies _____

Medical Conditions _____

Physical Impairments _____

Medications being taken _____

Additional comments _____

PARENTS/GUARDIANS PLEASE NOTE: I understand that, in case of emergency, every effort will be made to contact parents or guardians. In the event that we cannot be reached, I hereby consent to emergency transportation, examinations, x-ray, anesthesia, injection, medical, dental, surgical diagnosis, treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where services are rendered, at a doctor's office, clinic, or hospital. I, therefore, assume all responsibility for the decisions made, and the emergency care or treatment so secured for my child. I further release Grace Bible Church, its staff, and adult leaders from responsibility and liability for any injury or illness that my child may sustain during church activity or transportation involving the church activity. Also, I understand that some hospitals require notarized authorization before a child can be treated. (If this form is not signed and notarized, a hospital may not treat a child/youth under age 18).

Parent/Guardian Signature _____ Date _____