

AWANA REGISTRATION AND MEDICAL RELEASE 2010/2011

Child's Name: _____ Nickname: _____

Date of Birth: _____ Grade this year: _____

Parent's/Guardian's name(s): _____

Address (street, city, zip): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Siblings (please indicate names and ages): _____

Home Church: _____ Does the child attend Sunday School? _____

Number of years in AWANA: _____

Handbook worked in last year: _____

Last AWANA award received: _____

Emergency Contacts *(if parent/guardian cannot be reached)*:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Any known allergies (food, medications, plants, animals, etc.)? Any special medical needs? _____

Has your child had the Chicken Pox or the Chicken Pox vaccine? _____

Child's Physician: _____ Phone: _____

In the event of an emergency, if I cannot be reached and my listed emergency contacts cannot be reached, I authorize the AWANA volunteers at Grove Park Chapel (GPC) to secure medical assistance for my child while he/she is attending this program. I understand that in the event of an emergency, every effort will be made to contact me, the child's physician, or the emergency contacts listed above, but if I am unavailable and immediate medical attention is required, AWANA staff may authorize such attention. I will not hold GPC or its AWANA volunteers responsible in any way.

Parent/Guardian Signature: _____

Date: _____