

*Place a checkmark next to the primary contact*

\_\_\_\_\_  
 Mother's Name                                      Cell Phone                                      Home Phone

\_\_\_\_\_  
 Father's Name                                      Cell Phone                                      Home Phone

\_\_\_\_\_  
 Mailing Street Address, City, State, ZIP

\_\_\_\_\_  
 E-Mail Address                                      Church You Attend (if applicable)

\_\_\_\_\_  
 Emergency Contact/Alternate Pick-Up Person                                      Emergency Contact Night Time Phone #

Please list your children who are registering for AWANA:

<u>Name</u>	<u>M/F</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Grade</u>
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____

Medical Concerns (allergies, physical limitations, medical conditions, etc.)

<u>Child's Name</u>	<u>List Concern(s)</u>
_____	_____
_____	_____

**MEDICAL PERMISSION**

*I, the parent/guardian of the children listed above give my consent to the AWANA leaders (in the event of emergency and if contact cannot be made with myself) to authorize medical treatment, including X-rays, anesthetics, and hospitalization for my children which is deemed advisable by a physician licensed under the provisions of the medical practice act. I understand I am responsible for the total cost of any such treatment. This consent shall remain in effect from 9/1/10 – 6/30/11 while attending any AWANA-sponsored event of Walnut Hill Bible Church.*

\_\_\_\_\_  
 Parent/Guardian Signature                                      Date

\_\_\_\_\_  
 Physician Name                                      City or Clinic

\_\_\_\_\_  
 Medical Insurance Carrier                                      Group #                                      ID#