

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 9/1/11 – 6/30/12 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#