

EMERGENCY INFORMATION – AWANA CLUBS

Child's Name _____ Club _____ Phone _____

Address _____

Age _____ Birthday _____ Gender _____ Grade _____ School _____

Church _____ Brought To Awana By _____

Siblings in Awana (w/ages) _____

Father's Name _____ Weekday Phone _____ Cell _____

Father's Employment _____ Pager _____

Mother's Name _____ Weekday Phone _____ Cell _____

Mother's Employment _____ Pager _____

Wednesday Nights, parents can be reached at _____

Saturdays, parents can be reached at _____

IF YOU WILL BE SOMEWHERE ELSE DURING AN AWANA EVENT, PLEASE PROVIDE A NOTE AND PHONE NUMBER TO YOUR CHILD'S AWANA LEADER SO WE MAY REACH YOU IF NECESSARY.

Persons who will care for the child if parents cannot be reached:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Insurance Company or HMO _____

Group # _____ ID # _____ Phone _____

Hospital of Choice _____

Specific health conditions or allergies _____

Medications _____ Last Tetanus Shot _____

(If there is anything else we should know about your child, please continue on the back this form.)

As a parent or guardian, I hereby give permission for my child, _____, to attend Awana activities and outings at Canyon Del Oro Baptist Church, Tucson, Arizona. In the event of accident or injury, I will not hold Awana Clubs International, Canyon Del Oro Baptist Church, or individual ministers or leaders responsible. I do herewith authorize the treatment by a qualified and licensed medical doctor or nurse of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted after a reasonable effort has been made to contact me.

Parent / Guardian Signature _____ Relationships to Child _____ Date _____