

Boy / Girl

AWANA CONSENT/MEDICAL RELEASE FORM

2018

CHILD'S NAME: _____
ADDRESS: _____
CITY, STATE ZIP CODE: _____
CHURCH: _____
FATHER'S NAME / EMAIL: _____
MOTHER'S NAME / EMAIL: _____

BIRTH DATE: _____
GRADE: _____
SCHOOL I.S.D.: _____
HOME PHONE: _____
FATHER'S CELL: _____
MOTHER'S CELL: _____

We/(I), the undersigned, do hereby give permission for our/(my) child, _____, to attend and participate in all AWANA activities sponsored by the Romanian Baptist Church of San Francisco, Bay Area, from January 19, 2018 through December 31, 2018.

We/(I), authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist on the medical staff of a hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned shall be civilly liable and agree(s) to pay all costs and expenses incurred in connection with damages to the facility and/or premises (the site of any AWANA activity) caused by the aforementioned child pursuant to this authorization. We/I the undersigned also agree to indemnify and hold harmless Romanian Baptist Church of San Francisco, Bay Area against any and all liability in connection with the aforementioned child's activity in the Awana program.

We/(I), the undersigned, do also hereby give permission for our/(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in all AWANA activities sponsored by Romanian Baptist Church of San Francisco, Bay Area.

We/(I), the undersigned, do also hereby give consent for our/(my) child to be photographed, video or audio taped as the event is documented, and for the possible use of those by Romanian Baptist Church of San Francisco, Bay Area.

SIGNATURE: _____
PRINT NAME: _____
EMERGENCY CONTACT: _____
RELATIONSHIP: _____
MEDICAL DOCTOR: _____

RELATIONSHIP: _____
DATE: _____
PHONE: _____
CELL PHONE: _____
DOCTOR'S PHONE: _____

YES NO ALLERGY? SPECIFY ALLERGY: _____
YES NO SPECIAL NEED? SPECIFY HEALTH/DIET NEED: _____
YES NO HOSPITAL INSURANCE? INSURANCE COMPANY: _____
INSURANCE POLICY#: _____
INSURANCE COMPANY PHONE#: _____
NAME ON INSURANCE POLICY: _____

- TO BE COMPLETED BY AWANA COMMANDER OR AWANA LEADER.

Table with 5 columns: Payment Method, CLUB, SPARKS, TRUTH & TRAINING, and Date Paid/Ordered/Delivered. Includes rows for CASH or CHECK#, CLUB, GRADE, UNIFORM, and SIZE.

Note: All clubbers are to complete their entrance booklet, prior to being awarded their uniforms. Monies collected in advance will be held, and deposited when the uniform has been earned. Note: Due to the rising costs of handbooks there will be a replacement charge of \$7.00 USD (Not AWANA dollars)