

Previously enrolled in AWANA \_\_\_\_\_ Reg. Complete \_\_\_\_\_ Yearly Dues Paid \_\_\_\_\_  
Yr. completed and where \_\_\_\_\_

# Community Bible Church

## General Permission Slip and Emergency Information For AWANA Programs

Enrollment form checked by \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Club** \_\_\_\_\_

**Address** \_\_\_\_\_ **Date Of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_ **Year in School** \_\_\_\_\_

Awana Year September 2011 through May 2012

**Father** \_\_\_\_\_ **Mother** \_\_\_\_\_  
Please print Please print

**(or) Legal Guardian** \_\_\_\_\_  
Please print

**Home Phone** \_\_\_\_\_ **Mobile Phone** \_\_\_\_\_

**Email Addresses:** \_\_\_\_\_

Where can you (Parent or Guardian) be reached during club time? \_\_\_\_\_

### Emergency Contact

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Allergies or medications being taken:** \_\_\_\_\_

### General Permission and Authorization to consent to treatment of minor

(I) (WE), the undersigned, Parent(s) or Legal Guardian do hereby grant permission for the child named above, to attend all the Community Bible Church AWANA Club's organized outings during this club year. Should medical care be needed, we also authorize any licensed emergency personnel, doctor, paramedic or hospital to perform any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and care which is deemed advisable by said emergency personnel, doctor, paramedic or hospital regardless of where such diagnosis or treatment is rendered. It is understood that this authorization is given in advance of any specific need for diagnosis, treatment or hospital care and intended to provide authority and power on the part of any Awana leader or personnel to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned emergency personnel, doctor, paramedic or hospital in his/her best judgment may deem advisable. This authorization is made under CA. Family Code Sec. 6910.

Signature of Father, Mother or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Circle one

Printed Name of Person Signing