



Awana Clubs Medical and Release Form

2019-2020

MEDICAL INFORMATION:

Name of Parent(s) / Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Family Health Insurance Co.: _____

Policy Number: _____

Name of Policy Holder: _____

Any Medications: _____

Special Needs: _____

Food Allergies: _____

Medicine Allergies to: Penicillin ___ Sulfa ___ Aspirin ___ Other _____

PERMISSION SECTION:

(Other than myself), **only** the following people are permitted to pick up my child from Awana Club:

Name _____ Contact number _____

Name _____ Contact number _____

Name _____ Contact number _____

Use of electronic Images:

Occasionally, photos are taken during regular club meetings, during club events and at special programs. These photos may be used in club promotional material, and/or may be posted on our church website at <http://www.roadtograce.org/>. I give permission for my child's photo to be used in publications and/or the church's website.

PARENT / GUARDIAN **Signature:** _____ Date: _____

General Registration & Participation:

I give _____ (FULL NAME) permission to participate in the Awana Program. In the event that my child would need medical treatment, I authorize representatives of Grace Bible Church to administer and /or seek medical treatment. I expect to be contacted as soon as possible following the need of medical treatment for my child.

PARENT / GUARDIAN **Signature:** _____ Date: _____

Awana Clubs of Grace Bible Church – 822 S. Church Street – Mount Laurel, NJ 08054