



Internal use - Paid \_\_\_\_\_ Amount \_\_\_\_\_

Club \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Name \_\_\_\_\_ Room \_\_\_\_\_ E-mail \_\_\_\_\_

AWANA 2017-18 Class Year: September 6th 2017 – April 25, 2018

Medical Release / Liability Release / Photo Release / Medical Information

**Medical Information**

Participant's name \_\_\_\_\_ Birth Date \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

List pre-existing or current medical conditions:

List any medications, allergies, special dietary concerns:

**Emergency Contact**

Name \_\_\_\_\_ If in a Class Room- \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Second Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Alternate Emergency Contact (Must be different than above)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Second Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

**Medical / Liability Release:** As the parent or legal guardian of the student named below, I hereby give my full consent and approval for my child to participate in the AWANA program sponsored by **Heritage Christian Church** (hereafter the "Church"). I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event I cannot be reached in an emergency during the aforementioned dates, I hereby give my permission to all attending health care professionals (including, but not limited to nurses, LPNs, PAs, paramedics, doctors, or dentists) selected by the Pastor, ministry director, or activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage will be used as primary and sole coverage for my child in the event medical intervention is needed. I understand all reasonable safety precautions will be taken by the Church and its agents during all events and activities as described, but not limited to the events listed. I recognize the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the directors, pastors, leaders, employees or volunteer staff of the Church liable for damages, losses, diseases, or injuries incurred by the student(s) named below. I further authorize the Pastor, ministry director, or activity leader from the Church to send my child home at my expense due to his/her willful misconduct and or inappropriate actions contrary to set guidelines or rules.

If you agree please sign here \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_

**Photo Release:** I grant permission to Heritage Christian Church to photograph the AWANA clubber during activities and use the photographs in audio-visual and printed materials without compensation or approval rights.

If you agree please sign here \_\_\_\_\_ Date: \_\_\_\_\_



**Internal use - Paid** \_\_\_\_\_ **Amount** \_\_\_\_\_

Club \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Name \_\_\_\_\_ Room \_\_\_\_\_ E-mail \_\_\_\_\_

AWANA 2017-18 Class Year: September 6th 2017 – April 25, 2018

*Medical Release / Liability Release / Photo Release / Medical Information*

Name Printed: \_\_\_\_\_