

Community Bible Church **AWANA**

ALLERGIES: FOOD ___ MEDS ___ OTHER ___

September 2016 – June 2017

GENERAL PERMISSION SLIP & EMERGENCY INFORMATION

FOR REGISTRAR'S USE:	CBC ___
Date: _____	AW ___
Cash/Check#: _____	
Amount: \$ _____	
FAMILY (#): ___	DUES PAID ___
BOOK PAID ___	UNIFORM PAID ___
OTHER _____	

Child's Name: _____

PLEASE PRINT CLEARLY.

Date of Birth: ___ / ___ / ___ Male ___ Female ___

Home Church: _____

PRE-K: Starting Kindergarten 09/2017 ___ 09/2018 ___ 09/2019 ___

SEPTEMBER 2016 SCHOOL GRADE (Please circle one.):

K **1ST** **2ND** / **3RD** **4TH** / **5TH** **6TH** / **7TH** **8TH** / **9TH** **10TH** **11TH** **12TH**
SPARKS / **TRUTH & TRAINING** / **TREK** / **JOURNEY**

Address: _____

City: _____ Zip: _____ Home Phone: _____

PLEASE PRINT CLEARLY.

Previously enrolled in AWANA ___ Last Book Completed: _____ T-Shirt Size: _____

Father (Printed): _____ Cell Phone: _____

Mother (Printed): _____ Cell Phone: _____

OR Legal Guardian (Printed): _____ Cell Phone: _____

E-mail Address(es): _____

PLEASE PRINT CLEARLY.

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

EMERGENCY CONTACT: Name: _____ Phone: _____

Doctor: _____ Phone: _____

Allergies or medications being taken: _____

General Permission and Authorization to Consent to Treatment of Minor

I, the undersigned, Parent 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, I 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: _____

(Please circle one.)

SIGNATURE

DATE

Printed Name of Person Signing