

Community Bible Church **AWANA**

September 20 **19** – June 20 **20**

GENERAL PERMISSION SLIP & EMERGENCY INFORMATION

ALLERGIES*: FOOD ___ MEDS ___ OTHER ___

Child's Name: _____

PLEASE PRINT CLEARLY.

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

Home Church: _____

PRE-K (CUBBIES): YEAR Starting Kindergarten: (September) 20 ____

SCHOOL GRADE THIS SEPTEMBER (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: _____

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 _____

FOR REGISTRAR'S USE:

Date: _____

Amount: \$ _____

Cash/Check#: _____

FAMILY (#): ___ **DUES PAID** ___

BOOK(S) PAID For THIS Clubber: _____

UNIFORM PAID For THIS Clubber: _____

CONF. PAID For THIS Clubber: _____

OTHER PAID For THIS Clubber: _____