

# AWANA September 4, 2018 – June 2019

## COMMUNITY BIBLE CHURCH

**T&T** (3<sup>rd</sup>-6<sup>th</sup> Grades) **(GREEN)**

ALLERGIES: FOOD \_ MEDS \_ OTHER \_

### GENERAL PERMISSION SLIP & EMERGENCY INFORMATION

Child's Name: \_\_\_\_\_

PLEASE PRINT CLEARLY.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Home Church: \_\_\_\_\_

Uniform Size: \_\_\_\_\_

FOR REGISTRAR'S USE: CBC \_\_\_\_\_

Date: \_\_\_\_\_ AW \_\_\_\_\_

Cash/Check#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

FAMILY (#): \_\_\_\_ DUES PAID \_\_\_\_\_

BOOK(S) PAID For THIS Clubber: \_\_\_\_\_

UNIFORM PAID For THIS Clubber: \_\_\_\_\_

OTHER PAID For THIS Clubber: \_\_\_\_\_

**SEPTEMBER 2018 SCHOOL GRADE** (Please circle one.):

**3<sup>RD</sup> GRADE    4<sup>TH</sup> GRADE    \*\*\*    5<sup>TH</sup> GRADE    6<sup>TH</sup> GRADE**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

PLEASE PRINT CLEARLY.

Previously enrolled in AWANA \_\_\_\_\_ Last Book Completed: \_\_\_\_\_

**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**

Version 07/27/2018

Registered By: \_\_\_\_\_