

Delaney Street Baptist Church / AWANA Medical Release / Pick-Up / Permission Form

Name of Child _____ Age _____ Grade _____ Date of Birth _____
Mailing Address _____ City _____ Zip _____
Physical Address (if different) _____
Parent or guardian's name _____ E-mail _____
Home Phone _____ Cell Phone _____ Text: **Y or N** (please circle)
Work Phone _____ Best Way to Contact _____
Person(s) able to pick up child _____

My permission is granted for the AWANA director, church official or adult present in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the listed information is correct and I do hereby release and forever discharge all sponsors, leaders, church officials or employees from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in Delaney Baptist Church AWANA Clubs. I agree to indemnify all sponsors, leaders, church officials or employees for any and all claims, demands, action, or causes of action, past, present or future arising out of any damage or injury caused by my child while participating in Delaney Street Baptist Church AWANA Clubs and/or while on the property where Delaney Street Baptist Church AWANA Clubs are held.

PHOTO RELEASE (please circle) YES NO

During church events we take pictures of clubbers participating. Please indicate if Delaney Church has permission to post these photos in the church for decoration or place on the church website www.delaneychurch.com or on the church social media pages.

PERMISSION TO CONTACT CLUBBER (please circle) YES NO

During the AWANA year directors and leaders of the clubbers like to send birthday cards, get well cards, and other letters of encouragement. Please indicate if you give permission for your child to be contacted by his/her director or leader.

Delaney Street Baptist Church has a rule that no electronic devices are to be brought to AWANA. With activities such as game time, these devices are likely to be broken. These devices could also be lost or taken. I, the undersigned, have read this rule that no electronic devices are to be brought to AWANA and will not hold Delaney Street Baptist Church or any sponsors, leaders, church officials or employees liable if my child brings an electronic device to AWANA and it is broken, lost, or taken.

EMERGENCY CONTACT INFORMATION (Please print)

Person(s) to be notified if parent / guardian listed above is unavailable, in the event of an emergency.

Name of Adult _____ Phone _____ Relationship _____
Name of Adult _____ Phone _____ Relationship _____
Name of Adult _____ Phone _____ Relationship _____

Snacks are sometimes provided. Please list any ALLERGIES the child has including Bee Sting, Food or Medicine:

Any medical conditions, chronic illnesses, surgeries, or other conditions which should be noted:

Family Physician _____ Phone _____

As a parent and/or legal guardian of _____, I authorize the medical treatment in my absence by a qualified, licensed Medical Doctor of the above named minor in the event of a medical emergency, which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Guardian Signature: _____ Date: _____