

**Washington Evangelical Free Church - AWANA Registration – 2019-2020**

Child's Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Age/Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Age/Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

ALLERGIES/child's name: \_\_\_\_\_

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

School \_\_\_\_\_

Church, if you attend: \_\_\_\_\_

Will be brought to Awana by: Parent or  \_\_\_\_\_  
 (Name of other individual)

Tel #s \_\_\_\_\_ Email address: \_\_\_\_\_

other emergency contact	Home or cell numbers

**Parental Consent Form**

To Whom It May Concern:

**The undersigned here by gives permission for our (my) child(ren) named above, to receive emergency medical attention in the event such emergency medical attention is needed, and all attempts to contact the persons listed on this form have not been successful** In the event, I cannot be reached in an emergency during the activity dates shown at the top of this form, I hereby give my permission to the licensed physician or dentist selected by the adult volunteer leader or pastoral staff of **Washington Evangelical Free Church (WEFC)**, into whose care our (my) child has been entrusted, to provide medical treatment and/or administer any injection, anesthesia, or surgery for my child as deemed necessary.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned also hereby gives permission for our (my) child to ride in any vehicle designated by the adult volunteer leader or pastoral staff of WEFC, into whose care the minor has been entrusted while attending and participating in Awana Club activities sponsored by Washington Evangelical Free Church in the event the above contacts are not able to be reached.

**If consent for medical treatment is withheld, and WEFC cannot contact me in a situation which is deemed to require emergency treatment, I understand and agree that 911 will be called. I have been advised to call WEFC @219-462-1533 to discuss any questions.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_