

Washington Evangelical Free Church AWANA Registration Sept. 2022 – May 2023

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 normally be picked up from AWANA by: _____
Print name/relation/telephone number

Parent's Name & telephone # if different from above: _____

Parent's email address: _____

| Other emergency contact | Permission to transport child home - Yes or No? | Home or Cell # |
|-------------------------|-------------------------------------------------|----------------|
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Parental Consent Form

To whom it may concern:

The undersigned hereby gives permission for our (my) child(ren) named above to receive emergency medical attention in the event of a medical emergency occurring during the AWANA Program, and when all attempts to contact the persons on this form have not been successful. In the event of such emergency during the activity dates at the top of this form, permission is granted 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 as deemed necessary.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs and/or give permission for my child to ride in any vehicle with 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 WEFC (again, in the event the above contacts are not able to be reached).

If consent is not given as described above WEFC personnel preserve the right to call 911 emergency services in the event none of the above emergency contacts can be reached. I have been advised to call WEFC @219-462-1533 to discuss any questions about the terms stated in this form.

Signed: _____ / _____ Date: _____
relationship

