

AWANA Club at Fairhaven Bible Chapel Contact Information & Permission, Medical Authorization

I understand that my child will have to be signed in and signed out from Fairhaven Bible Chapel at the beginning and closing time of each AWANA Club, by me or the person designated by me on this form. _____(parent initials)

Clubber name: _____ Parent/Guardian name: _____
Street Address: _____ Phone number: _____
City: _____ State: _____ Zip Code: _____
Email address: _____ Clubber age/grade: _____
Hobbies/Activities: _____ Clubber birthday: _____
Siblings (names/ages): _____
Church: _____ Medical Conditions: _____
Brought by (transportation): _____ Food/Drug Allergies: _____
Individuals authorized to pick up child from club: _____

In the event my child sustains an injury while attending AWANA Club at Fairhaven Bible Chapel or Club activity off sight, I authorize first aid and/or emergency medical treatment if I cannot be reached. Here is the best phone number to reach me in an emergency: _____. This authorization will remain in effect until May 20____ (when AWANA ends for the year).

Permission to Photograph child and pictures maybe posted on bulletin boards around chapel Yes No

Permission to take Photographs/videos of child and post to chapel website Yes No

Hi, my name is _____ and I am your child's Club Director for this club year. Occasionally, I/one of the other leaders would like to contact your child to see how they are enjoying club and if they need any help in completing their handbook. I would also like to send written correspondence such as Get Well and Birthday cards. I am asking your permission as the parent/legal guardian to contact your child through regular mail and telephone to discuss club activities. Any contact will be done according to church policies.

Yes, your child can be contacted

No, your child cannot be contacted

Leader's signature and date: _____ Parent/Guardian signature and date: _____

****this information will only be used by the AWANA club at Fairhaven Bible Chapel****

(Recommend information and written permission be updated annually. Copy information from this card to the Companion Card as needed for visitation and home contact activities.)