

**CHILD INFORMATION FORM  
BETHLEHEM BAPTIST CHURCH  
AWANA CLUBS**

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Church regularly attended \_\_\_\_\_

Parents/Guardians a Member Yes \_\_\_\_\_ No \_\_\_\_\_

Clubber a Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Authorized transportation in addition to parents:

Name \_\_\_\_\_ Relationship to clubber \_\_\_\_\_

Name \_\_\_\_\_ Relationship to clubber \_\_\_\_\_

Is there anyone NOT authorized to pick up your child? \_\_\_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL RELEASE**

I also authorize the designated leaders, in the event of an emergency and if contact cannot be made with myself, to consent to any X-Ray examination, anesthetic, hospital, medical or surgical treatment for my child which is deemed advisable and rendered by or under the supervision of a physician licensed under the provisions of the medical practice act in which state treatment is rendered. I accept the cost of any such treatment and release from responsibility the designated leaders and Bethlehem Baptist Church of financial liability. This authorization shall remain in effect until June 1, 2020 unless sooner revoked in writing and delivered to the stated parties.

My child has:

(physical limitations) \_\_\_\_\_

(allergies) \_\_\_\_\_

(special medication) \_\_\_\_\_

Is there any information about your child of which our personnel should be aware? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_