



## Medical/Emergency Information & Photo Release

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

Please submit: **ONE FORM PER CHILD – ONE CHILD PER FORM**

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Club: Cubbies \_\_\_\_\_ Spark \_\_\_\_\_ Truth & Training \_\_\_\_\_ Trek \_\_\_\_\_ Gender: M – F Birth Date: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Mom's Cell Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's Cell Phone: \_\_\_\_\_

### Medical & Emergency Information

Allergies: \_\_\_\_\_

List of medications taken on a continuing basis: \_\_\_\_\_

Does your child have a health condition requiring possible emergency care?  Yes  No

If so, explain: \_\_\_\_\_

Special needs or concerns: \_\_\_\_\_

In case you cannot be reached during an emergency, please provide an alternate contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician or Source of Health Care: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby consent to Faith Community Church to obtain necessary medical information and provide emergency medical care in the event that either parent or guardian cannot be reached.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release

I understand and hereby grant Faith Community Church Awana Club, its staff and leaders permission, that while my child(ren) is participating in approved activities, photographs and videotape of my child(ren) may be taken for use in promoting activities within Faith Community Church. I further release Faith Community Church and its staff and leadership from all claims that I may have against them as a result of my child(ren) picture being used in promoting Awana within Faith Community Church. I understand that last names and confidential information will not be used for publicity purposes.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_