

Awana 2007-2008
First Baptist Church of Reading

Parent Name _____

Address _____

Phone _____ Cell # _____

Child's Name _____ Grade Entering _____

Allergies/medical issues or conditions _____

Child's Name _____ Grade Entering _____

Allergies/medical issues or conditions _____

Child's Name _____ Grade Entering _____

Allergies/medical issues or conditions _____

Child's Name _____ Grade Entering _____

Allergies/medical issues or conditions _____

I (we), the undersigned parent(s) or guardian(s) of _____
a minor, do hereby authorize adult volunteers of First Baptist Church of Reading as agent(s) for
the undersigned to consent to any medical or surgical care deemed advisable by any accredited
physician or surgeon in an approved emergency clinic or hospital. I further release from any
liability First Baptist Church of Reading, any of its ministries or leaders in the event of an
accident en route, during the above mentioned event. This agreement does not apply to claims
for intentional misconduct or gross negligence.

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Emergency Phone: Home _____ Work _____

Health Insurance Company _____

Policy or Group Number _____ Phone # _____

If parent/legal guardian is not available in an emergency contact:

Name _____ Phone # _____