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Southside Baptist Church

Awana Registration, Medical Treatment Authorization, Contact Information/Permission Authorization, and Publicist/Website Permission.

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

CHILD'S INFORMATION: Please Print Clearly

Last Name: _____ First Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone#: _____ School Attending: _____ School Grade: _____

Hobbies/Activities: _____

Siblings (names/ages): _____

Church: _____ Invited by: _____

Brought by (transportation): _____ Individuals authorized to pick up child from club: _____

Allergies/Medical Conditions: _____

PARENT/GUARDIAN CONTACT INFORMATION:

Father's Name: _____ Mother's Name: _____

Father's Mobile#: _____ Mother's Mobile#: _____

Father's E-mail Address: _____ Mother's E-mail Address: _____

PLEASE CONTACT THIS PERSON IF PARENTS/GUARDIANS CANNOT BE CONTACTED:

Name: _____ Home #: _____

Relation to child: _____ Mobile #: _____

AUTHORIZATION FOR MEDICAL TREATMENT:

I _____ (parent name) hereby authorize AWANA leaders to administer first aid and to obtain and consent to on my

behalf any emergency first aid or medical care by any physician or hospital for my child, _____ (child's name). I agree to abide and be bound by such decisions and consents as if made by me. I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary with respect to the treatment of my child listed above. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

Signature of Parent/Guardian

Date

CONTACT INFORMATION AND PERMISSION AUTHORIZATION:

Occasionally, your child’s handbook leader for this club year would like to contact your child to see how they are enjoying club and if they need any help in completing their handbooks. The leader would also like to send written correspondence such as “Get Well” cards and a “Birthday Card.” We are asking permission as the legal parent/guardian to contact your child, by written communication and by telephone to discuss club activities.

Signature of Parent/Guardian

Date

PUBLICATION/WEBSITE PICTURE PERMISSION FORM: (minors age 18 & under)

Please fill out and sign the appropriate statement to either give or to decline permission to use pictures of your child on the church website and /or other church publicity.

TO GRANT PERMISSION TO USE YOUR CHILD’S PICTURES:

I _____ (Please print your name) **GRANT** permission for Southside Baptist Church to publish photos of my child, _____ (Please print child name) in the church’s various forms of publications, or on the church’s various websites. I give Southside Baptist Church the perpetual, royalty-free right to use my child or children’s photo(s) in any manner including but not limited to publications and websites.

I understand that both the various publications and websites have a large audience and my child’s photo will be available to the general public. I further understand that Southside Baptist Church assumes no liability or responsibility whatsoever concerning any consequences of such use.

I further state that I have the right to give this permission as I am the child’s parent or legal guardian.

I understand that if I give notice to the webmaster that I object to any particular picture on the website, it will be removed as soon as possible.

SSBC Awana does not publish names with photos.

Signature of Parent/Guardian

Date

TO REFUSE PERMISSION TO USE YOUR CHILD’S PICTURES:

I _____ (Please print your name) **REFUSE** to grant permission for Southside Baptist Church to publish photos of my child

_____ (Please print child’s name) in any publications or on the church’s various websites. Any pictures which include a recognizable picture of my child may not be used unless I change this statement with particular written permission to the contrary for that instance.

I further state that I have the right to refuse this permission as I am the child’s parent or legal guardian.

Signature of Parent/Guardian

Date

All **Parents with Puggles** age (2 by 9/1) children must remain in the Southside Baptist church building during club.

Signature of Parent/Guardian

Date