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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**