

**AWANA REGISTRATION • PERMISSION • MEDICAL INFORMATION • CONSENT FORM**

BREA BAPTIST CHURCH – 217 EAST BIRCH STREET, BREA, CALIFORNIA 92821

CLUBBER’S NAME \_\_\_\_\_ Club Year 2010/2011

ADDRESS \_\_\_\_\_  Received a Uniform

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  Handbook \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

CLUB/ GRADE      Cubbies \_\_\_\_\_      Sparks \_\_\_\_\_      T&T Girls \_\_\_\_\_      T&T Boys \_\_\_\_\_      Trek \_\_\_\_\_  
                         3 & 4 yrs                      K 1<sup>st</sup> 2<sup>nd</sup>                      3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>                      3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>                      7<sup>th</sup> 8<sup>th</sup>

PARENT-GUARDIAN NAME \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

PARENTS-GUARDIANS PHONE \_\_\_\_\_

DAYTIME: \_\_\_\_\_ EMERGENCY/CELL: \_\_\_\_\_ EMERGENCY/CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ I am willing to be a leader or helper in AWANA

MEDICAL INSURANCE CO.: \_\_\_\_\_ POLICY # \_\_\_\_\_

DOCTORS NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

**MEDICAL & PHYSICAL CONDITION OF CLUBBER:**

Any Medical Conditions ? \_\_\_\_\_

Is your clubber presently taking any medication? \_\_\_\_ No \_\_\_\_ Yes – Name of Medication \_\_\_\_\_

Restrictions: \_\_\_\_\_

I, (we), the undersigned, parent(s) do authorize Brea Baptist Church as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforesaid physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the civil Code of California

I, (we) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my) above-named agent(s) upon the completion of treatment.

This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

**OTHER CONSENT AGREEMENTS:**

I, (we), authorize pictures, information, and images of the above named minor to be placed on the Brea Baptist Church website, ([www.breabaptist.org](http://www.breabaptist.org))

(If no, please Initial here \_\_\_\_\_ and notify AWANA staff)

Parent/Guardians, upon signing this form agree to all the of the current policies Brea Baptist Church’s AWANA Program.

THIS FORM WILL SERVE AS MEDICAL INFORMATION AND PERMISSION FORM TO COVER ALL AWANA ACTIVITIES THROUGHOUT THE AWANA CLUB YEAR. PLEASE NOTIFY STAFF IN WRITING OF ANY CHANGES.

**SIGNATURE(S): LEGAL PARENT-GUARDIAN:**

\_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_