

Child Registration and Medical Release Form

First Baptist Church Pflugerville AWANA Club 2019-2020

306 S. 10th St. Pflugerville, TX 78660 Office (512) 251-3052 Fax (512) 251-0468

John A. Woods, Children's Pastor Cell (512) 560-0531

Circle Awana Club Below

Puggles
Age 2

Cubbies
Ages 3-4

Sparks
K-Grade 2

T & T
Grades 3-4

T & T
Grades 5-6

Trek
Grades 7-8

Journey
Grades 9-12

Child's Name _____ (circle one) **Male** **Female**

Date of Birth _____ / _____ / _____ First Last Age (as of Sept. 1, 2019): _____ Grade (2019-2020 School Year): _____

Address _____
City State Zip

Mother/Guardian _____ Father/Guardian _____

Mobile Phone _____ Mobile Phone _____

Home/Other Phone _____ Home/Other Phone _____

E-mail _____ Email _____

Emergency Contact Name (Other than Above) _____

Phone _____ Cell/Other Phone _____ Relation to Child: _____

Name of Church You Attend: _____

Health Information:

Current on all immunizations? Yes _____ No _____ Date of Last Tetanus Shot _____

List Prescription Medications Taken Routinely: _____

Allergies: _____

Does Student carry an EpiPen® or EpiPen Jr®? yes no (If yes, please complete Emergency Allergy Action Form)

Name of Doctor _____ Phone # _____

Insurance Provider _____ Name on Card _____

Policy ID # _____ Group Name and # _____

Authorization from Parents/Guardians:

By signing this form, I hereby give my consent for my child (named above) to attend and take part in any and all AWANA activities of First Baptist Church Pflugerville (FBCP). In the event of an emergency and I cannot be reached, I hereby give consent to the church leadership/sponsors of FBCP to sign for my child should it be necessary to receive medical treatment and to the church leadership/sponsors of FBCP to administer medical care to my child which does not require a hospital visit. I understand that every effort will be made to provide the safest environment possible, but that accidents can and do occur. I agree not to hold liable First Baptist Church Pflugerville or the church leadership/sponsors of FBCP in the case of an unforeseen event. I also agree to allow my child to ride in transportation provided by FBCP.

Signature of Parent / Legal Guardian: _____ Date: _____