



**PARENT COMMITMENT**

- I commit in bringing my child to Awana on time (5:50pm drop off / 6:00pm start-up)
- I understand that Awana fosters a partnership with parents in the spiritual nurturing of children
- I commit to working with my child on his/her handbook to learn and understand the sections, helping them to be prepared on club night each Wednesday to the best of our ability.
- I commit to picking up my child on time at the end of Awana Club night (7:30pm).

**EMERGENCY CONTACT & MEDICAL INFORMATION**

<b>NAME OF CHILD</b>	<b>HEALTH CONCERNS / SPECIAL NEEDS / ALLERGIES</b> <i>(please indicate or specify if allergy)</i>

*Person nearby to contact in case of an emergency (if parents cannot be reached)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

**AUTHORIZATION**

***Please list those who are authorized to pick up your child from AWANA (besides parents):***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give permission to club leadership to authorize or administer medical attention to my child if they deem it an emergency and/or necessary during AWANA Club activities. I understand every effort will be made to contact me as quickly as possible.

PARENT/GUARDIAN Signature X \_\_\_\_\_ DATE: \_\_\_\_\_

I also give permission for photos & video clips of my child to be used for church promotional material.

PARENT/GUARDIAN Signature X \_\_\_\_\_ DATE: \_\_\_\_\_