



Medical & Photography Release Form for AWANA

8340 Carmel Valley Rd., Carmel, CA 93923

(831) 624-5551

My child, _____ is enrolled in the Awana Club program at Sanctuary Bible Church from August 2019 through May 2020. Insurance is the responsibility of each child/parent involved in youth activities. The child above has my consent to attend and participate in all AWANA activities. In the event I cannot be reached in an emergency, I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child and understand all billings for service will be to me as parent or guardian.

Signed, Parent or Guardian _____

Child's: Sex _____ Age _____ Birth Date _____ Grade _____ School _____

Address _____

Home Phone _____ Cell Phone _____

Second Cell Phone _____

Emergency Number _____

Print both parents names _____

(Last)

(First)

(MI)

E-mail _____

Health Insurance Co. _____

Person carrying insurance _____ Policy No. _____

Insurance carrier's place of employment _____

Doctor's Name _____ Phone _____

Health Limitations _____

Known allergies _____

Any restrictions to activities _____

Date of last tetanus shot _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN:

_____ **Date:** _____

Child's Name _____

I agree that Sanctuary Bible Church or the news media may use photographs, sound and/or video recording of my child named above, of my spouse and of myself as Sanctuary Bible Church participants with or without his/her/my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content without compensation or notice.

SIGNATURE OF PARENT OR LEGAL GUARDIAN:

_____ **Date:** _____