

CLUBBER INFO SHEET

Clubber's Name: _____

Parents/Guardians: _____

Address: _____

Home Phone: _____

Cell Phone(s): _____

Email address: _____

Grade: _____ Birthday: _____ Age: _____ Shirt size: _____

School: _____

Home church: _____

Persons (other than parents) authorized to pick up the children (older than 16 years of age)

Name(s):	Relationship:
_____	_____
_____	_____
_____	_____

Emergency Contact during club time (other than parents)

Name: _____

Phone Number: _____

Relationship: _____

Signature of Parent / Legal Guardian

Date Signed

MEDICAL CONSENT AND HISTORY RECORD

I consider my son/daughter, _____, to be physically fit and able to participate in the activities of the Awana Club at Grace Bible Fellowship Church. Should an emergency occur and I cannot be contacted, the Awana Leaders and/or persons designated responsible for the group have my permission to authorize such medical care, treatment, or surgery as may be required to be given my child using only their best discretion upon a doctor's recommendation.

I agree not to hold the Awana Club, Awana Leaders, Grace Bible Fellowship Church, the Elders, the Pastors, or any person accompanying the group responsible for any accidental injury to, first aid rendered, or medical decision made on behalf of the above named young person.

Activities my child CANNOT participate in: _____

Does your child have any known physical disabilities? _____

If yes, please explain: _____

Does your child have any known learning disabilities? _____

If yes, please explain: _____

Does your child have ANY allergies? (i.e. animals, food, medication) _____

If yes, please explain: _____

Does your child suffer from: Asthma _____ Seizures _____ Diabetes _____

Uncontrollable Bleeding _____ Hyper-Active _____ Excessively Shy _____

Please explain any "yes" answers: _____

Has your child ever tested positive for HIV? _____

At present, is your child regularly taking any medication or under a doctor's care? _____

Is there anything else I should know about your child? _____

May Tylenol be administered for a headache or fever *after* verbal permission from you or the emergency contact person listed? _____

Family Physician: _____ Phone: _____

Type of Insurance: _____ Policy # _____

Hospital of choice: _____

Signature of Parent / Legal Guardian

Date Signed