

**AWANA CLUBBER EMERGENCY INFORMATION**  
(PLEASE PRINT NEATLY)

**Puggles (2yr old class)** \_\_\_\_\_

**Cubbies (3 and 4 yr old class)** \_\_\_\_\_

**Sparks : Kindergarten** \_\_\_\_\_, **1<sup>ST</sup>** \_\_\_\_\_, **2<sup>nd</sup>** \_\_\_\_\_ **grade**

**TNT: 3<sup>rd</sup>** \_\_\_\_\_, **4<sup>th</sup>** \_\_\_\_\_, **5<sup>th</sup>** \_\_\_\_\_ **6<sup>th</sup>** \_\_\_\_\_ **grade**

Clubber's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Clubber lives with \_\_\_\_\_  
(Parent/Legal Guardian name(s))                      Relation to Clubber

at \_\_\_\_\_  
Street address    city/state    zip

**Email Address:** \_\_\_\_\_

**Emergency Contact (if parent can not be reached)**

Contact : \_\_\_\_\_  
name of contact    relation    phone

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Health History:

**Please list any pertinent health conditions that your child may have:** (ex. Allergies, vision/hearing problems, seizures, asthma, heart problems, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Permission: Please initial the following that apply**

My child may play outside on the pavement \_\_\_\_\_  
My child may play outside in the sanded area \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize AWANA leaders to administer first aid and to obtain and consent to on my behalf any emergency first aid or medical care by any physician or hospital for my child listed above. I agree to abide and be bound by such decisions and consents as if made by me. I further authorize any physician, hospital or medical attendant to receive full complete medical reports or information deemed necessary with respect to the treatment of my child listed above. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date