AWANA CLUBBER EMERGENCY INFORMATION

PLEASE PRINT NEATLY

Puggles (2yr old class) _____
Cubbies (3 and 4 yr old class) _____
Sparks (Kindergarten to 2nd grade class) _____
TNT (3rd to 6th grade class) _____

Clubber's Name:_____ Phone:_____

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

at_____ _____ _____
Street address city/state zip

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 sandy area_____

Please sign the following if it applies

My child _____ may be taken to the emergency room if I or no other contact listed above can be reached at the time of an immediate emergency.

_____ _____
Parent's Signature Date