

# Parental Consent and Medical Release

TO WHOM IT MAY CONCERN:

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital and/or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. We (I) do herewith authorize the treatment by this authority, and it is **granted only after a reasonable effort has been made to reach us/me, the parent(s) and/or guardian(s).**

We (I) the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This consent and release will be in effect starting **August 2019** and continuing until **May 2020**. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the named participant. My signature also serves to indicate my willingness for my Health Insurance Company:, policy number:  to be billed for any and all medical fees and services should they be needed.

We (I) hereby release First Baptist Church, Dillon and Awana Clubs International from this liability.

The undersigned does hereby release and agree to hold harmless First Baptist Church, Dillon and Awana Clubs International and their directors, employees, agents, or representatives from any and all liabilities or claims for personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by our (my) son/daughter that occur within the effective dates stated above and/or while said child is participating in the above named camp program and its activities.

Parent's or Guardian's signature – required

Printed Name of Parent or Guardian

Witnessed Notary Public (where required by law) or Awana Commander/Pastor

Signed this date

Name of Clubber:

Date of Birth:  /  /

Address:

City/State/Zip:

Home Phone: ()

Family Doctor:

Doctor's Phone: ()

List any specific medical and food allergies, chronic illnesses, or other conditions:

Date of last tetanus shot:

Emergency phone number (other than previously listed):

Phone: ()

Contact:

Phone: ()

Contact:



**Train up a child in the way  
he should go, and when he  
is old he will not depart  
from it.**

**Proverbs 22:6**

**First Baptist Church**  
400 N. 4<sup>th</sup> Ave., Dillon, SC 29536 (843) 774-7387  
**Sparks (K-2nd Grades)**  
**Awana Registration Form**

2019-2020 Club Year

Family Information

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Siblings and their ages: \_\_\_\_\_

Person/people permitted to pick-up child(ren): \_\_\_\_\_

Willing to serve if needed (circle one):  Yes!  No, thanks.

Child Information

Name: \_\_\_\_\_ Gender (circle one):  M  F

Birthdate: \_\_\_\_\_ Child's grade (circle one):  Kindergarten  1st  2nd

Shirt Size: \_\_\_\_\_

Awana Registration Fee

**Annual registration fee**

Option 1- Sparks--\$19.00 (Use this option if your child needs a uniform.) (Grade K-2) includes awards, book materials and uniform costs..... \_\_\_\_\_

Option 2- Sparks --\$8.00 (Use this option if your child already has a uniform.) (Grade K-2) includes awards and book materials costs..... \_\_\_\_\_

**\*\*Subsequent year's uniform fee is waived for clubbers who will be using the same uniform vest or shirt as the previous year.  
Fees cannot be waived for clubbers entering 5-yr-old Kindergarten or 3<sup>rd</sup> grade as they will have a different uniform.**

**Total due**..... \_\_\_\_\_

Awana Use Only	
CA / CH	_____
COMP / PMT	_____
RCD	_____
DBASE	_____
PIF	_____
US	_____
UD	_____

Note: Some scholarships may be available for those needing financial assistance. See the Awana Commander for details.  
**Do not allow fees to prevent your child from attending AWANA. Please see AWANA Commander for more information.**