Received Parent Handbook _____ **Please complete ONE for EACH CHILD** Pre-paid dues _____

2011-2012 AWANA Permission Slip & Medical Consent Form

My son/daughter _____ has my permission to attend any First Evangelical Free Church Las Cruces Awana function during the year from Sept. 11, 2011 through Aug. 31, 2012. This includes any trip out of town. I (we) understand that if any medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission for any licensed physician or his/her designated assistants to give the above named child such medical or surgical treatment as they may consider necessary for his/her health and safety. I authorize his/her adult leader, personally or through his designated representative, to obtain such treatment for my son/daughter or ward and give consent for treatment on my behalf. I certify that the medical information contained on this form is complete and correct to the best of my knowledge.

_____ _____ _____

Parent/Guardian Name (Please Print) **Parent/Guardian Signature** **Date**

Parents Home Phone # _____ Cell Phone # _____ Parent E-mail _____

Child's full name: (please print)_____ Birth date:_____ Grade:_____

Street Address (please print)_____ City:_____ State/Zip:_____

Home Church (if you attend one):_____

Medical Information (Please Print)

Physician:_____ Phone #_____ Medical, plant or insect allergies:_____

Medications being taken:_____ Other chronic medical problems:_____

Insurance information: Carrier-_____ Policy #:_____ Verification Phone #:_____

Person to notify in an emergency, if parents cannot be reached (Must Be Other than Parents)

Name:(Please Print)_____ Phone #:_____