



AWANA Registration 2021 – 2022 Morningside Bible Church (MBC)

Parent/Guardian: _____ Relationship to child _____

Address _____ City _____ ST ____ ZIP _____

Phone Number: _____ E-Mail _____

Cell Number: _____ Can you receive text messages at this #? Yes No

In case of an emergency notify _____ Phone #: _____

My child will be picked up by: (Must be 16 yrs) _____

<u>First and Last name of Children</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Current Medical Situation

Allergies: Food: _____

Penicillin or other drug (Name): _____

Other: _____

Do you have a church home? Yes No If yes, where _____

How did you hear of AWANA at MBC? _____

PARENTAL CONSENT AND AUTHORIZATION FOR EMERGENCY CARE TO A MINOR

I/We understand that said minor should not attend activities when knowingly ill or recently exposed to a contagious disease. If said minor becomes ill or injured while in the care or under the supervision of Morningside Bible, any of its staff or volunteers, I authorize said minor(s) to receive first aid and other emergency care. I do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and/or hospital service that may be rendered to said minor under the general, specific or special consent of the Morningside Bible staff or volunteer, the temporary custodian of said Minor(s). I/We authorize the physician or dentist to call in any necessary consultant at his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of said minor(s), and said physician or dentist, to exercise his/her best judgment as to the requirements of such diagnosis or the medical, dental or surgical treatment. The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered. I/We do also allow Morningside Bible to take and/or use photographs, voice, video or digital tapes of the child.

I have read the Parental Consent and Authorization for Emergency Care and give my consent for my child for the 2009-2010 school year.

Signed _____

Relationship to the child: _____ Date: _____