AWANA USE ONLY

TEAM COLOR: ____________________

SAKS BAPTIST CHURCH – ANNISTON, AL

AWANA Registration/Information Form

Date Completed: ____________________

Child's Name: ______________________ **Birthdate:** ______________ **Grade:** __________

Child's Home Address: ____

Street/Apt# **City** **State** **Zip Code**

Child's Home Phone: ____________________ **School Child Attends:** ____________________

Church child regularly attends and/or a member of: ____ **Saks Baptist** ____ **Other:** ____________________

Occasionally, photographs are taken of the children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church websites, brochures and newsletters and the church/Awana's Facebook page. Children's names and information are never used without specific permission. By signing this area, you are releasing Saks Baptist to use photographs of your child as stated above.

Signature of Parent/Guardian: ____

Mother/Guardian's Name: ______________________ **Email:** ______________________

Telephone (H): ______________ **(W):** ______________ **(C):** ______________

Address (if different from child): ____

Church that you regularly attend and/or a member of: ____ **Saks Baptist** ____ **Other:** ____________________

I would like a visit to learn more about children's ministries at Saks Baptist ____ *Yes* ____ *No*

I may be interested in serving in children's ministries at Saks Baptist ____ *Yes* ____ *No*

Father/Guardian's Name: ______________________ **Email:** ______________________

Telephone (H): ______________ **(W):** ______________ **(C):** ______________

Address (if different from child): ____

Church that you regularly attend and/or a member of: ____ **Saks Baptist** ____ **Other:** ____________________

I would like a visit to learn more about children's ministries at Saks Baptist ____ *Yes* ____ *No*

I may be interested in serving in children's ministries at Saks Baptist ____ *Yes* ____ *No*

LIST OTHER PEOPLE THAT ARE AUTHORIZED TO PICK UP YOUR CHILD FROM ACTIVITIES SPONSORED BY SAKS BAPTIST

Name: ______________________ **Relationship to Child:** ______________________

Address: ____

Name: ______________________ **Relationship to Child:** ______________________

Address: ____

ANNUAL UPDATES: ____________ | ____________ | ____________ | ____________ | ____________

(Initials/Date) **(Initials/Date)** **(Initials/Date)** **(Initials/Date)** **(Initials/Date)**

Saks Baptist Church – Anniston, Alabama

AWANA Emergency Information Form

Date Completed: ________________

INSTRUCTIONS TO PARENTS:

1) Complete all items on this side of form. Sign and date where indicated.
2) If your child has a medical condition, which may require emergency medical care, complete the backside of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY

Child's Name: ____________________ Date of Birth: ____________________

WHEN PARENTS CANNOT BE REACHED, LIST AT LEAST ONE PERSON WHO MAY BE CONTACTED TO PICKUP THE CHILD IN AN EMERGENCY:

1. Name: ____________________ Relationship to child: ____________________

   Telephone: (H) ____________________ (W) ____________________ (C) ____________________

   Address: ____

   Street/Apt # City State Zip Code

2. Name: ____________________ Relationship to child: ____________________

   Telephone: (H) ____________________ (W) ____________________ (C) ____________________

   Address: ____

   Street/Apt # City State Zip Code

3. Name: ____________________ Relationship to child: ____________________

   Telephone: (H) ____________________ (W) ____________________ (C) ____________________

   Address: ____

   Street/Apt # City State Zip Code

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person from Saks Baptist Church in Anniston, Alabama to have your child transported to that hospital to receive treatment.

Signature of Parent/Guardian ____________________ Date ____________________

ANNUAL UPDATES: ____________ | ____________ | ____________ | ____________ | ____________

(Initials/Date) **(Initials/Date)** **(Initials/Date)** **(Initials/Date)** **(Initials/Date)**

INSTRUCTIONS TO PARENT/GUARDIAN:

(1) Complete the following items, as appropriate, if your child has a condition(s) which may require emergency medical care.
(2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: ______________________________ Date of Birth: ______________________

Medical Conditions(s): ______________________________

Medications currently being taken by your child: ______________________________

____

Date of your child's last tetanus shot: ______________________________

*Allergies/Reactions: ______________________________

____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: ______________________________

____

(2) If signs/symptoms appear, do this: ______________________________

____

(3) To prevent incidents: ______________________________

____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: ______________________________

____

____

COMMENTS: ______________________________

____

____

____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

____

Name of Health Practitioner Date

______________________________(___)______________________

Signature of Health Practitioner Telephone Number