

AWANA Club at Fairhaven Bible Chapel Contact Information & Permission, Medical Authorization

____ (parent initials) I understand that my child needs to be supervised by me or my designated person during dinner time before club begins at 6:00 p.m.

____ (parent initials) I understand that my child will have to be signed in and signed out with the Club Secretary at the beginning and closing time of each AWANA club meeting by me or by the person designated by me.

Clubber name: _____

Parents/Guardian name: _____

Street Address: _____

Phone number (Cell): _____

City: _____

State: _____ Zip Code: _____

Email address: _____

Clubber age/grade: _____

Hobbies/Activities: _____

Clubber birthday: _____

Siblings (names/ages): _____

Home Church ,if any, or none: _____ Medical Conditions: _____

Food/Drug Allergies: _____

Names of Individuals authorized to pick up child from club: _____

Medical Authorization:

In the event my child has a medical emergency while attending AWANA Club at Fairhaven Bible Chapel or Club activity off-site and I cannot be reached, I authorize first aid and/or emergency medical treatment be provided. Here is the best phone number to reach me: _____. This authorization will remain in effect until May 20, 2027.

Photo Authorization:

"I grant permission to photograph my child for photos to be posted on bulletin boards around the chapel, and for making videos to be shown at Fairhaven." (Fairhaven workers will not post photos or videos to social media or online.)

☐ Yes, photos and videos may be taken of my child ☐ No, photos or videos may not be taken of my child

Occasionally, one of the leaders would like to contact your child to see how they are enjoying club and if they need any help in completing their handbook. We would also like to send written correspondence such as We Missed You, Get Well and Birthday cards. We are asking your permission as the parent/legal guardian to contact your child through regular mail and telephone to discuss club activities. Any contact will be done according to church policies.

☐ Yes, my child can be contacted ☐ No, my child cannot be contacted

Parent/Guardian Signature _____ Date: _____

****this information will only be used by the AWANA club at Fairhaven Bible Chapel****
(This page to be updated every year)