



Ypsilanti Baptist Temple AWANA Medical/Emergency Information Form & Photo Release

Completed forms may be dropped off in the church office, delivered with your child on AWANA night; delivered to an AWANA leader or emailed to: ybtinfo@ypsilantibaptisttemple.org

Please submit: ONE FORM PER CHILD – ONE CHILD PER FORM

Child's Name:		Gender:	Birth Date:
Home Phone:		Email Address:	
Club: (check 1 box) ☐ Puggles ☐ Cubbies ☐ Sparks ☐ T&T ☐ Trek ☐ Journey			
Child's Home Address: Street: _____ City: _____ Zip: _____			
Mom's Name:		Mom's Cell Phone:	
Dad's Name:		Dad's Cell Phone:	

MEDICAL & EMERGENCY INFORMATION

Allergies:	
List of medications taken on a continuing basis:	
Does your child have a health condition requiring possible emergency care? ☐ Yes ☐ No	
Does your child any have physical limitations that would prevent him/her from participating in games/activities? ☐ Yes ☐ No	
If Yes, please explain:	

In case you cannot be reached during an emergency, please provide an alternate contact.

Name:	Phone:
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Child's Physician or Source of Health Care:

Name:		Phone:	
Health Insurance Provider:	Policy #:	Phone:	

I hereby consent to Ypsilanti Baptist Temple to obtain necessary medical information and provide emergency medical care in the event that either parent or guardian cannot be reached.

Signature of Parent/Guardian:	Date:
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PHOTO RELEASE

I hereby consent that the videotapes, photographs, electronic images, and/or audio recordings of my child may be used by Ypsilanti Baptist Temple AWANA Club in publicity pieces such as newsletters, bulletins, website, and other presentations about the club, its programs and people. I understand that last names and confidential information will NOT be used for publicity purposes.

Signature of Parent/Guardian:	Date:
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