

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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