

FLAMBOROUGH BAPTIST CHURCH (FBC) AWANA AUTHORIZATION AND MEDICAL
CONSENT FORM For the dates of September 1, 2024 – May 31, 2025

Section A - Student Name Information

Student Name _____ Date of Birth _____

Starting Grade in September: _____

Student Name: _____ Date of birth _____

Starting Grade in September _____

Student Name _____ Date of birth _____

Starting grade in September _____

Student Name: _____ Date of Birth _____

Starting grade in September _____

Church Affiliation FBC _____ Other _____

Section B - Parent/Guardian Information Parent/Guardian(s) Information

Parent/Guardian Name(s): _____

Phone #1 (Please specify): _____

Phone #2 (Please specify): _____

Email #1: _____

Email #2: _____

Address 1: _____

Address 2 (if applicable): _____

Section C - Medical Information

Family Doctor Name: _____

Family Doctor Phone # _____

Allergies: _____

Any physical, emotional, mental, behavioural concerns or limitations that our team should be aware of? If yes, please explain.

Is your student bringing any medication? If yes, please list.

In case of an emergency, contact

The safety of your student is our primary concern. Precautions will be taken for his/her well-being and protection. _____

Section D - Parent/Guardian Consent (check all that apply):

- I/we consent to the use of my student's picture being posted online for the sole purpose of the FBC Children's ministries.

I/we, the parents/guardian(s) named above, authorize one of the FBC ministry staff to sign a consent for medical treatment and authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above if I/we guardian/parent(s) cannot be reached.

- I/we, the parents/guardian(s) named above, undertake and agree to indemnify and hold blameless FBC, the ministry staff, and the Board of Directors from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of FBC as well as of any medical treatment authorized by the supervising individuals representing the church.
- I/we, the parents/guardian(s) named above, have reviewed and agree with all the above, and sign it to cover the FBC AWANA program for the school year.

Printed Name _____ Date _____

Signature _____