

**Hannaford Street Bible Church
Children's Ministries**

Please complete this form and return to Hannaford Street Bible Church. This will be used for children's activities from October 1, 2008 through September 30, 2009. If your family has changes that would affect this form information, please contact the church office, 449-2273, for a new form.

Youth Name(s) _____

Person to notify in emergency: _____ Telephone _____

Doctor to notify in emergency: _____ Telephone _____

Recognizing the possibility of physical injury associated with being involved in AWANA and children's ministry activities, I hereby release, discharge and/or otherwise indemnify Hannaford Street Baptist Church and any other volunteers involved against any claim by or on behalf of the participant as a result of the youth's participation in AWANA and children's activities I hereby authorize.

Please list any medical problems and/or restrictions that your child is experiencing presently:

Please list any allergies: _____

Name _____

Parent/Legal Guardian (please print)

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named person, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Bus. _____

Insurance (fill in applicable spaces):

Company: _____

Policy/Certificate #: _____ Group #: _____

Video Release

By signing this form, I give my permission for my child(ren) to be videotaped, photographed, or digitally imaged for promotional purposes for the Hannaford Street Bible Church AWANA program & children's activities and that the images taken will not be used for any other purposes.

(Parent's Signature)