



**VALLEY BIBLE CHURCH
Medical/Emergency Information
& Photo Release**

Please submit: ONE FORM PER CHILD - ONE CHILD PER FORM

Child's Name: _____ **Home Phone:** _____

Club: Cubbies Sparks T&T Trek Journey **Gender:** M F **Birth date:** _____

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

If so, explain: _____

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

Name: _____ **Phone:** _____

Child's Physician or Source of Health Care:

Name: _____ **Phone:** _____

Health Insurance Provider: _____

Policy #: _____ **Phone:** _____

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

Signature of Parent or Guardian: _____ **Date:** _____

PHOTO RELEASE

I hereby consent that the videotapes, photographs, electronic images and/or audio recordings of my child may be used by the Valley Bible Church AWANA Club in publicity pieces such as newsletters, bulletins, 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 or Guardian: _____ **Date:** _____