



2025-2026

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

Contact phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

E-Mail address (if applicable) \_\_\_\_\_

Consent to pick up

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Child/Children Information:

Name \_\_\_\_\_ Name \_\_\_\_\_

Birthday \_\_\_\_\_ Birthday \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Allergies/health conditions \_\_\_\_\_ Allergies/health conditions \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Birthday \_\_\_\_\_ Birthday \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Allergies/health conditions \_\_\_\_\_ Allergies/health conditions \_\_\_\_\_

As a parent/ guardian, I give my permission to First Baptist Church, Bellville staff and volunteers and/or group sponsors to provide medical treatment that may be deemed necessary to insure the well being of the above named student. This authority is granted only after a reasonable attempt has been made to reach me by all phone numbers listed above. The undersigned assumes the responsibility for any cost connected with such treatment and hereby releases First Baptist Church- Bellville of any liability thereof.. This release is completed and signed of my free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I also allow photographs to be taken during AWANA activities. I further give permission and consent that any such photographs may be published and used by First Baptist Church-Bellville and its agents, to illustrate and promote the AWANA experience, and its programs or First Baptist Church-Bellville. This release also covers a First Baptist Church-Bellville activities, and outings from September 2022-April 2023.

Signature Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_