

**KETTLE MORAINÉ COMMUNITY CHURCH  
AWANA 2011-2012**

Clubber Name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ DOB \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Home Church \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Child's Doctor \_\_\_\_\_

Medications Taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies (food, medication or environmental ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is there anything else you would like us to know about your child?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEE BELOW**

**I, the undersigned, am the parent/legal guardian of the above stated minor who attends church or functions at Kettle Moraine Community Church. I hereby give my consent, in the event all reasonable attempts to contact me at the above telephone numbers have been unsuccessful, for administration of any treatment deemed necessary by the physician at any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentist concur in the necessity for such surgery.**

**Date \_\_\_\_\_ Signature \_\_\_\_\_**

**\*\*\* This authorization will stand until revoked in writing. Copies of this authorization will be kept with the group if traveling away from church.**