**DOVER ALLIANCE FAMILY INFORMATION FORM**

Parent/Guardian Name(s)

Email:

Dad Cell:

Address:

Emergency Contact:

**Child's Name/Birthdate/Last Tetanus**

Child 1:

Child 2:

Child 3.

Child 4:

Mom Cell:

Phone:

**Please list allergies (medication, food, etc.)**

**or special needs**

**Medical Information**

Insurance: Policy #:

Doctor/Phone:

Dentist/Phone:

**Medical Release:**  The above information is true to the best of my knowledge. I/We hereby give permission to the doctor and/or hospital to render

emergency care or treatment to my/our children named above, and authorize our children's physician/dentist to release any information necessary to such care or

treatment. This authorization shall be valid for one (1) year from the date and a copy shall be as valid as the original. I/We will not hold the church, its worker or

volunteers responsible for any accidents, illness or injury that may occur.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO RELEASE:**  Students may be photographed or videotaped in connection with their participation in AWANA. Dover Alliance Church may use these

recordings and photos for any purpose that they deem appropriate. All claims or rights to such photos or video recordings are released by signing below.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_