

DOVER ALLIANCE FAMILY INFORMATION FORM

Parent/Guardian Name(s)

Email:

Dad Cell:

Mom Cell:

Address:

Emergency Contact:

Phone:

Child's Name/Birthdate/Last Tetanus

**Please list allergies (medication, food, etc.)
or special needs**

Child 1:

Child 2:

Child 3:

Child 4:

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 _____