

Pleasant View Baptist Church - Child Registration

Please print clearly. This is vital information should we need to contact you.

Parent/Guardian Name _____

Mailing Address _____

City/State/Zip Code _____

Phone Numbers: Home _____ Cell _____ Work _____

Email Address _____

Emergency Contact Name _____

Relationship to Child(ren) _____

Phone Number _____

Church You Attend _____

Children

Child #1 Name _____ Birthday _____ Grade _____

Child #2 Name _____ Birthday _____ Grade _____

Child #3 Name _____ Birthday _____ Grade _____

Child #4 Name _____ Birthday _____ Grade _____

Child #5 Name _____ Birthday _____ Grade _____

Child #6 Name _____ Birthday _____ Grade _____

Please complete medical release on back

LIMITED POWER OF ATTORNEY

If a serious emergency arises, it may be necessary for a physician to attend your son/daughter before the AWANA leaders or church staff could notify you or your physician. Such care can be provided only if you sign the following authorization for medical treatment.

I give the AWANA leader or Pleasant View Baptist Church staff member in charge of my son/daughter limited power of attorney to act in my absence to see that:

Child #1 _____ Child # 4 _____
Child #2 _____ Child # 5 _____
Child #3 _____ Child # 6 _____

Receives medical treatment as necessary in case of sickness or accident.

List any medical problems and/or exemptions (allergies, blood transfusions, etc.) that apply to:

Child #1 _____ Child # 4 _____
Child #2 _____ Child # 5 _____
Child #3 _____ Child # 6 _____

List any medication and amount your child is presently taking:

Child #1 _____ Child # 4 _____
Child #2 _____ Child # 5 _____
Child #3 _____ Child # 6 _____

I authorize the AWANA leader or Pleasant View Baptist Church staff member in charge, limited power of attorney to act as indicated above in my absence including administering any medication needed during a field trip.

My permission is granted for the AWANA leader or other Pleasant View Baptist Church staff member in charge, to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the provided information is correct and I do release and discharge all sponsors and Pleasant View Baptist Church from all claims, demands, actions, or cause of action while the above named person/persons is/are involved in the activities of Pleasant View Baptist Church, effective 8/1/2018 - 7/31/2019.

ACKNOWLEDGEMENT

State of South Carolina County of Anderson

On this _____ day of _____, 20_____, before me personally appeared _____,
Parent/Guardian's Name

who provided satisfactory evidence of his/her identification to be the person whose name is subscribed to this Limited Power of Attorney and he/she acknowledged that he/she executed the Limited Power of Attorney by her signature here.

Signature

Sworn to (or affirmed) and subscribed before me this the _____ day of _____, 20_____.

Official Signature of Notary

_____, Notary Public
Notary's printed or typed name

(Official Seal)

_____ County, South Carolina

My commission expires: _____