



2023 W. 12th Avenue, Emporia, KS 66801-5970
620-342-8830 ♦tabc@12thAvenue.org ♦www.12thAvenue.org

2010-2011 TABC
MEDICAL RELEASE FORM

REQUIRED FOR ALL CHILDREN & YOUTH (birth-12th grade)
MUST BE UPDATED EACH SUMMER

COMPLETE THIS SIDE FOR 0-12th GRADE

Student Name Address
Age 10/11 Grade School Gender: M F City Zip
Birth Date Home Phone Cell Phone(s)
Church Home Attend often sometimes rarely

PARENT INFO

Parent Name(s)
Student lives with Relationship (if not parent)
Phone #'s where I can be reached (home) (work) (cell)
Please mail any info also to a second address Name
Relationship to child Address Apt. #
City Zip
If I cannot be reached, please notify
Phone #'s for this contact (home) (work) (cell)

NEWMAN HOSPITAL REQUIRES YOUR SIGNATURE IN THE PRESENCE OF A NOTARY PUBLIC. A NOTARY IS USUALLY AVAILABLE AT TABC DURING REGULAR OFFICE HOURS AND DURING MOST CHILDREN/YOUTH MINISTRY EVENTS.

MEDICAL AUTHORIZATION: In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child. I understand that every attempt will be made to contact me right away.

Parent/Guardian Signature
Today's Date

MEDICAL INFORMATION

Name of Physician City State Phone ( )
Current medication or treatment? yes no If yes, explain
Restricted from sports or swimming? yes no If yes, explain
Severe reaction to bee/hornet sting or insect bite? yes no If yes, explain
Date of last Tetanus Toxoid immunization: Month Year
Check applicable Sinus Trouble Hay Fever Heart Trouble Epilepsy Asthma Diabetes
Other: Please describe
List any allergies: Drugs:
Food:
Other medical needs:
Insurance Company
Insured's name Policy Number
Mailing Address to submit claims: (City,State,Zip)

NOTARY ACKNOWLEDGEMENT:

BE IT REMEMBERED, that on this day of, before me, the undersigned, a notary public in and for the county and state aforesaid, personally appeared, who is personally known to me to be the same person who signed the above Medical Release and Emergency Medical Authorization, and such person duly acknowledged the execution of the same as his/her free and voluntary act and deed for the uses and purposes set forth therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

, Notary Public My Commission Expires:



2023 W. 12th Avenue, Emporia, KS 66801-5970  
620-342-8830 ♦tabc@12thAvenue.org ♦www.12thAvenue.org

### 2010-2011 TABC REGISTRATION INFORMATION

REQUIRED FOR ALL CHILDREN (birth-6th grade)  
MUST BE UPDATED EACH SUMMER

**COMPLETE THIS SIDE FOR 0-6<sup>th</sup> GRADE**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

For 2010 Summer, I would like to enroll this child in:

- Vacation Bible School (June 13-17, must be 4 yrs old by 8/31 ♦NO EXCEPTIONS♦ thru entering 4<sup>th</sup> grade)
- G3 Summer Camp (June 13-17, entering 5<sup>th</sup>-7<sup>th</sup> grades)

For 2010-2011 School year, I would like to enroll this child in:

- Early Childhood Nursery (Sunday morning and/or during other church ministry activities)
  - Disciple Land (Sunday morning, preschool-6<sup>th</sup> grade)
  - AWANA Kid's Club (Thursday evenings during the school year, preschool-4<sup>th</sup> grade)
  - Challengers (Wednesday evenings, 5<sup>th</sup>-6<sup>th</sup> grade)
  - King's Kids (K-6<sup>th</sup> grade childcare for parents participating in life groups or ministry opportunities)
- (check all that apply) \_\_\_ Sun. eve. \_\_\_ Mon. eve. \_\_\_ Tues. morn. \_\_\_ Wed. eve.

For **SAFETY PURPOSES**, children through grade 4 who are participating in activities at TABC are released to PARENTS or OLDER SIBLINGS ONLY. If an exception is required, please list the FULL NAME and RELATIONSHIP of ONE additional person that you authorize to pick up your child.

NAME \_\_\_\_\_ Relationship to child \_\_\_\_\_

Is there any family member who has restricted access to your child?    yes    no

FULL NAME \_\_\_\_\_ Relationship to child \_\_\_\_\_

Does your child have any **SPECIAL NEEDS** that require accommodation for him/her to participate fully in TABC activities?    yes    no

If yes, please provide as much information as possible to assist us in providing the appropriate adult support and learning environment for your child's success while participating in TABC activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional pages if necessary.

**PARENT VOLUNTEER:** At TABC, we intentionally utilize every opportunity to provide high quality, enjoyable activities for children that encourage them toward a lifelong, ever-growing relationship with God and loving relationships with each other. To do this well requires great effort from many talented and dedicated volunteers. For that reason, we ask each parent to consider how you might help us in our task. Please consider any of the following options, or contact the Children's Ministries Leadership Team for further information.

I would be willing to help with...

- teaching    shepherding    helping    secretarial tasks    organizing/maintaining supplies
- tech support    internet research    photography    other \_\_\_\_\_