

# Medical Release

To Whom It May Concern:

As a parent/guardian or accompanying adult, I do herewith authorize the treatment by a qualified and licensed medical doctor, of the following person, in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, or undo comfort if delayed. In the case of a minor, this authority is granted only after reasonable effort has been made to reach the parent/guardian.

This release will be in effect starting September 1, 2017 and continue until May 15, 2018. Signature also serves to indicate my willingness to take full medical insurance responsibilities for my child (or for myself if I am an accompanying adult) and to release Awana Clubs Canada, First Lobo Baptist Church and its volunteer leaders from any liability.

**Name of Child** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Health Card #** \_\_\_\_\_

**Physician Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

List any specific medical conditions, including food allergies, diabetes, chronic illnesses or limitations on activities.

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

List other contacts:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

