

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, 2016 and continue until April 30, 2017. 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 # _____

