

AWANA CLUB 2010-2011

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician for the minor stated herein in the event of a medical emergency which, *in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed.* This authority is granted after a reasonable effort has been made to reach me by phone at the number listed below.

The parent/guardian assumes the responsibility for any costs connected with such treatment and hereby releases First Baptist Church of Anna, and/or Awana Club from any liability. This Medical Consent shall remain in full force and effect for the full 2010-2011 Awana Club year.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

(Full Name of Child)

Check One:

- My child has the following medical condition(s), restriction(s), including allergies/drug allergies, etc... *(please include any info you think we need to know)*

- No restrictions/conditions

Signature of parent/guardian

Date

EMERGENCY CONTACT INFORMATION

Name of Parent/Guardian _____

Home Phone _____

Work Phone _____

Name of Physician _____

Phone _____

Name of Clinic _____

City _____

Club Child is in: *(Please circle one)*

PUGGLES

CUBBIES

SPARKS

T & T