

# Medical Release

To Whom It May Concern:

As a parent and/or guardian, 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/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

In case of a minor, this authority is granted only after a reasonable effort has been made to reach the parent and/or guardian.

Name of Participant: \_\_\_\_\_

This release will be in effect on the date(s) starting \_\_\_\_\_ and continuing until \_\_\_\_\_. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named participant. My signature also serves to indicate my willingness for my insurance company: \_\_\_\_\_, Policy number: \_\_\_\_\_ to be billed for any and all medical fees and services should they be needed and to release Awana Clubs International, its employees and its charters from this liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Notary Public (if required)

\_\_\_\_\_  
Date

Address of Participant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Ph: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Ph: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

List any specific medical allergies, chronic illnesses or other conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact person: \_\_\_\_\_ Ph: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**This Medical Release will be carried by the Coordinator, Commander, or other responsible adult.**