



## Medical and Liability Release Valid September 10, 2018-May 1, 2019

### AWANA 2018-2019

In the event of sickness or medical emergency, I request my child receive any medical attention or treatment deemed necessary. Therefore, I give permission to any hospital, doctor, and or health care provider to transport, treat, and or admit care for my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child. I also voluntary release Frisco Bible Church and/or any of its staff or volunteers from responsibility should any harm occur as a result of participation in Awana. In the event that I am not present at the time of emergency or cannot be contacted, my care has been entrusted to the staff and the designated ministry leadership of Frisco Bible Church.

Child's name 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Alternate Phone \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_