

**2017 – 2018 CLUB YEAR
RELEASE FOR EMERGENCY MEDICAL CARE
*** THIS FORM MUST BE NOTORIZED *****

<u>For Office Use Only</u>
Name _____
Club _____
Grade Entering _____
Date Rcvd _____

New Hope Baptist Church Awana Clubs

In case of an emergency in which a child may be taken to a hospital, the parent or legal guardian must give authorization for treatment. The following information is to be provided by the parent or legal guardian giving an adult sponsor of the New Hope Baptist Church permission to consent to emergency treatment.

**THIS FORM MUST CONTAIN ONE CHILD'S NAME, MUST NOT BE COPIED, AND MUST BE
UPDATED ANNUALLY AND WHENEVER INFORMATION CHANGES.**

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I, _____ of _____ in Manatee County,
Name of Parent / Guardian City
Florida do hereby state that I am the natural parent or legal guardian having legal custody of
_____, a minor, age _____, born _____, who
Name of Child Date of Birth (mm/dd/yy)
resides with me at _____
Address (street, city, state, zip)

Entering Grade or Age: 3yrs, 4yrs, Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th **(Please Circle one)**

I authorize an adult sponsor representing the New Hope Baptist Church in the city of Parrish, County of Manatee, State of Florida, to consent to transport by ambulance, any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to my child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of Florida, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful.

Dated this _____ day of _____, 20_____.

Signature of Parent / Guardian *This medical release authorization expires on August 31, 2018*

State of Florida
County of Manatee

The foregoing instrument was acknowledged before me this _____ day of _____ 20____ by
_____ who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.
Type of Identification

Signed: _____
Signature of Notary

Name typed, printed, or stamped

***** THIS FORM MUST BE NOTORIZED ***
PLEASE FILL OUT BOTH SIDES**

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CHILD'S MEDICAL INFORMATION

Name of Physician / Health Care Resource Phone

Child's Social Security Number: ____ - ____ - ____ (Kept in secure location, limited access)

Date of Last DPT or Tetanus: _____

Allergies, Medical Issues, Diseases: _____

Medications: _____

Other Information or Directions: _____

Insurance Company Covering Child: _____

Policy Number: _____ Expiration Date _____

PARENTAL / GUARDIAN INFORMATION

Parents' Names _____

Address (if different from page 1)

Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

CONTACT INFORMATION

Phone Number

Home: _____ Cell: _____

Email _____ (Will only be used by NHBC Awana Clubs to keep you informed of Activities and Upcoming Events)

Please Check Additional ways to keep you informed: Facebook _____ Text _____ Instagram _____

Emergency Contact (other than parent/guardian)

Name Phone

IF YOUR CLUBBER IS IN CUBBIES OR SPARKYS LIST BELOW ALL PERSONS AUTHORIZED TO SIGN YOUR CHILD IN OR OUT OF CLUB.

Name Phone

Name Phone

Name Phone

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PLEASE FILL OUT BOTH SIDES