

**2018-2019 CRCC AWANA
STAFF MEDICAL RELEASE**
(Please print all information)

NAME: _____

ADDRESS: _____

CITY & ZIP: _____

PHONE: _____ CELL: _____

BIRTHDATE: _____ E-MAIL: _____

CLUB CURRENTLY SERVING IN: _____

MEDICAL INSURANCE CO: _____

POLICY &/OR GROUP #: _____

EMERGENCY CONTACT: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

ALTER. PERSON TO NOTIFY: _____

RELATIONSHIP: _____

HOME PHONE: _____

CELL PHONE: _____

CURRENT MEDICATIONS: _____

(Prescription or non-prescription) _____

CONTACT LENSES: Yes _____ No _____

ALLERGIES: _____

SPECIAL MEDICAL CONCERNS:

I, who by law may do so, authorize the administration of emergency medical treatment to she/he who is subject of this form. I understand all reasonable safety precautions will be taken at all times by Christ the Rock Community Church or its agents. I will not hold Christ the Rock Community Church liable for any accident, injury or disease incurred by the subject of this form. I understand that in the event medical intervention is needed every attempt will be made to contact the person (s) above immediately. I will hold Christ the Rock Community Church or its agents harmless due to imprudent behavior of myself. This form will be effective September 2018-2019.

If you have any questions concerning this please contact Matt or Kerri Clark, Club Commanders

SIGNATURE: _____ DATE: _____