



Calvary Baptist Church

Medical/Media Release

This release will be in effect for the **Awana Club Year 2017-2018**

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by 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.

This authority is granted only after a reasonable effort has been made to reach me.

My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the below named participant. My signature also serves to indicate my willingness for my insurance company 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.

I also understand that as a participant, my child may be photographed or videotaped during Awana sponsored activities and photos/video may be used in promotional materials and/or the church website.

Participants Full Name: _____ Date of Birth: _____

Parents Names: _____

Address: _____

Parent E-mail Address: _____

Home Phone #: _____ Cell Phone #: _____

Name of Emergency Contact: _____

Relationship to clubber: _____ Phone #: _____

List any allergies, illnesses, physical conditions, or medications (attach sheet is needed):

Is participant covered by personal or family medical insurance? Yes No

If yes, please fill out the following: Name of Insurance Company: _____

Policy #: _____

Signature (parent/guardian)

Date

Print Name