

**AWANA ACTIVITY PERMIT**

First Baptist Church  
10720 Coloma Road  
(916) 635-4672

**TO WHOM IT MAY CONCERN:**

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the option 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 by phone at the number listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases AWANA Clubs International, First Baptist Church of Rancho Cordova, California where the child attends AWANA Club and the vehicle driver of any vehicle driven, if transportation is part of the event, from any liability therefore.

Please Print:

Name of Clubber \_\_\_\_\_

Relationship to Clubber \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Other contact in case of emergency

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL AND WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE.**

Signed \_\_\_\_\_