



**Valley Christian Fellowship Awana Medical Release Form**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent/guardian cell phone: \_\_\_\_\_ relationship: \_\_\_\_\_

Backup contact cell phone: \_\_\_\_\_ relationship: \_\_\_\_\_

*Awana Activity of Valley Christian Fellowship –  
Location – Christian Academy 891 Refugio Road  
Date – Tuesday nights 6:15- 7:45 pm September 12, 2016 to May 22, 2018*

*I, the parent or legal guardian of this participant, hereby give permission for my child, \_\_\_\_\_ to participate fully in the special activity stated above. I, the undersigned, hereby agree to hold harmless and indemnify Valley Christian Fellowship, its directors, employees, and representatives from any and all liability, personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the child participant while he/she is participating in the above mentioned event.*

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

**Medical Authorization**

*In case of illness or injury, Valley Christian Fellowship has my permission to procure medical treatment for the above named minor. I understand that Valley Christian Fellowship does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any and all fees and charges arising from illness or injury that may occur to the above named during activities with Valley Christian Fellowship.*

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

*State any pertinent medical information (include allergies, current medications, or special needs)*

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

Physician's Name and Phone # \_\_\_\_\_

Family Health Insurance \_\_\_\_\_ Subscriber name \_\_\_\_\_

Policy/Group # \_\_\_\_\_ Insurance Mailing address \_\_\_\_\_

\_\_\_\_\_