



AWANA Club Medical Information/Activity Authorization

As parent(s) and/or guardian of _____ I hereby grant permission for my child to participate in the scheduled AWANA activities sponsored by Grace Community Bible Church during the 2011/2012 AWANA year.

In consideration of the opportunity provided by my/our child by this sponsored activity, I hereby authorize any person in charge of the sponsored activity to secure reasonable medical treatment for my child should that person believe it is necessary or appropriate to do so without first obtaining my permission, and release all persons in charge of, or attending the sponsored activity, as well as Grace Community Bible Church, its Pastors, employees, leaders and members from

- a. any liability for securing or failing to secure such medical treatment and
- b. any liability arising from any injury to my child occurring while going to or from such activity or while participating therein.

In case of emergency, please call:

1. _____ Phone _____

2. _____ Phone _____

My child's information is:

ADDRESS _____ TELEPHONE _____

SSN # _____ MEDICAL Ins. Co _____

Policy/Group # _____ Insured's Name _____

Special medical conditions, medications and/or treatments which my child may have or require are as follows:

I understand Grace Community Bible Church and its representatives will supervise all activities by to not assume liability for injuries sustained by my child. At game time, children will be running, jumping, and participating in associated physical race activities where there risks of injury. Your signature below authorizes your child to participate and acknowledges your understanding of the associated risks.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

If practical, I request that medical treatment be obtained from:

DOCTOR _____

ADDRESS _____

TELEPHONE _____

HOSPITAL _____

ADDRESS _____

TELEPHONE _____

