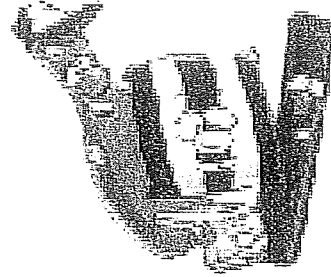


AWANA Clubs
Medical Release Form



Clubbers Name _____ Birthdate _____ Grade _____ Age _____

Parents Name _____ Phone # _____

Address _____ City _____, WA Zip _____

To whom it may concern:

As a parent and/or guardian, I authorize the treatment by a qualified, licensed, medical doctor of the following minor 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.

Name of Minor _____ Relationship _____

Home Phone # _____ Work Phone # _____

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____

Insurance Co. _____ Policy # _____

Please list any medical allergies, chronic illnesses, or other conditions _____

Other contact in case of emergency:

Name _____ Phone # _____

This release form is completed and signed with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Date _____
(Father, Mother, or Legal Guardian)