

AWANA MEDICAL FORM

2009-2010

NAME _____

AGE _____ DATE OF BIRTH _____ GENDER (M/F): _____

NOTE: This medical form will be used in the event of an emergency either at club on Wednesday nights or at a planned outing. A separate permission slip will be required for all outings with students.

HEALTH INSURANCE PROVIDER _____

POLICY/CONTRACT # _____

EFFECTIVE DATE _____ DATE OF LAST TETANUS SHOT _____

Allergies or other medical history which should be considered in the event emergency medical treatment is performed:

The intent of this authorization and release is to provide for the emergency medical treatment of my child, a minor, arising from unforeseen emergencies and to permit competent medical treatment where such authorization is required by the attending medical practitioner or medical institution prior to treatment.

We, as parents/guardians, assume all financial responsibility for this medical attention and further agree to release Crossview Baptist Church from any responsibility or liability.

Date

Parents Signature