

AWANA YEAR 2017-2018 CLUB ACTIVITY PERMIT
(FROM SEPTEMBER 6, 2017 THROUGH May 2, 2018)

Calvary Memorial Church
2226 Colonial Ave. S.W.
Roanoke, VA 24015
(540) 400-8200

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 opinion of the attending physician, may endanger his or 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(s) listed below. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Calvary Memorial Church from any liability therefore.

This release is intended to cover all AWANA related activities, including special events, from 9-6-17 THROUGH 5-2-18 for the named AWANA club participants.

Club Participants:

Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

Relationship to participants _____

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

Signed _____

Address _____

CELL Phone _____

Medical Information:

Family Physician _____ Phone _____

Specific medical allergies, chronic illnesses, or other conditions...

Are participants' tetanus shots up to date? **YES** **NO**

Emergency Contact:

Name _____ Phone _____