

**AWANA YEAR 2016-2017**  
**CLUB ACTIVITY PERMIT**  
(FROM SEPTEMBER 7, 2016 THROUGH May 3, 2017)

Calvary Memorial Church  
2226 Colonial Ave. S.W.  
Roanoke, VA 24015

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.

Child's Name \_\_\_\_\_, Birthday \_\_\_\_\_, Age \_\_\_\_, Grade \_\_\_\_

Child's Name \_\_\_\_\_, Birthday \_\_\_\_\_, Age \_\_\_\_, Grade \_\_\_\_

Child's Name \_\_\_\_\_, Birthday \_\_\_\_\_, Age \_\_\_\_, Grade \_\_\_\_

Release is intended to cover all AWANA related activities, including special events, from 9-7-16 THROUGH 5-3-17.

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.

Parent / Legal Guardian Signature\_\_\_\_\_

Printed Name\_\_\_\_\_

Address\_\_\_\_\_

**CELL Phone**\_\_\_\_\_

HOME Phone\_\_\_\_\_

**Other contact in case of emergency:**

Name\_\_\_\_\_ Phone\_\_\_\_\_

Family Physician\_\_\_\_\_ Phone\_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions

\_\_\_\_\_

Date of last tetanus shot\_\_\_\_\_