

2011—2012
Awana at First Presbyterian Church
Medical Release Form

Clubber' s Name:_____

Address:_____

Phone:_____ Date of Birth:_____ Grade:_____

Parent/Guardian Names:_____

List any allergies and/or other critical medical information:_____

I give permission for First Presbyterian Church of Niceville, FL to transport my child to Awana events. Upon registration of the above named child in Awana at First Presbyterian Church and while the above named child is in participation of Awana events at and away from First Presbyterian Church, I hereby give my consent for medical treatment deemed necessary by a physician consulted by the staff of First Presbyterian Church. In case of medical emergency, I authorize the staff of First Presbyterian Church to transport my child, or to have my child transported to emergency medical facility.

Parent/Guardian Signature:_____

Insurance Co. and Policy Number:_____

Physician's Name and Number:_____

Emergency Contact and Number:_____