

# 2020-21 Awana Medical Release Form

Child's First & Last Name

Child's Date of Birth

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Name of parent/Guardian

Preferred phone number

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As a parent and/or guardian, I authorize treatment under the direction of any licensed physician of the above minor(s) 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 is granted only after a reasonable effort has been made to reach me by telephone at the number listed above.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Sheboygan eFree Church from any liability.

I have read and agree to the Terms & Conditions stated above.

X \_\_\_\_\_

Signature of Parent/Guardian

Date