

## 2019-2020 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 medial 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 phone number listed above.

The undersigned assumed the responsibility for any costs connected with such treatment and hereby releases the Evangelical Free Church of Sheboygan, Wisconsin from any liability.

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

X \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date