

Victory Baptist Church Awana Club

Awana Games/ Camp Out/ Girls Lock In/ Derby

Permission:

I,

Parent/Guardian of

(child)

hereby give permission for the child mentioned above to participate in any or all activities listed above.

Medical Release

Child's Name:

Date:

Age:

Sex:

Grade:

Birth

Date:

Address:

City/Zip:

Parent/Guardian
Name(s):

Address :
(if different from
child's)

Home Phone:

Cell
Phone:

Family Physician
Name:

Phone #:

Name of Primary
Insurance Policy:

Policy
#:

Date of last
Tetanus shot

Is child allergic to Tetanus shot?

**Is child allergic
to any food or
medication?**

**If Yes, list food and/or
medication**

I, the legal guardian of the above named child, do hereby give permission to render emergency medical and/or surgical treatment as may be necessary by this hospital/doctor or emergency care facility. I also accept responsibility for medical expenses which are incurred by my child during Awana Games/ Girls Lock In/ Camp Out/ Derby.

** Please note that we will try everything possible to reach you in case of an emergency.

Parent/Guardian's
Signature

Date:

Other person to notify in case of an emergency:

Name:

Phone:

Relation to
child: