

Victory Baptist Church Awana Club
Awana Games / Camp Out / Girls Lock In / Derby
2013-2014

(Please fill out completely)

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 than 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? Yes / No

Is child allergic to any foods or medicines? _____

List allergies: _____

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 for 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 emergency.

Parent / Guardian's Signature: _____ Date: _____

Other person to notify in case of an emergency:

Name: _____ Phone: _____ Relation to Child: _____