

Emergency Contact Information / Medical Release

AWANA Clubs/Brazos Bend Baptist Church

Dear Parents/Guardians:

As a parent and /or guardian, I do herewith authorize treatment under the discretion of any licensed physician of the following minor(s) in the event of a medical emergency which, in the opinion of the attending physician may endanger his other life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable attempt has been made to reach me by phone.

Parent/Guardian: _____

Address: _____

Home phone: _____

Cell phone: _____ Alternate phone: _____

Other person or relative to be contacted in case of emergency:

Name: _____ Phone: _____

Family Physician:

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. This release covers all AWANA Clubs and activities from the 2009 - 2010 school year through the summer of 2010.

Date: _____

Signature: _____

List of all children attending Summer Soccer and/or AWANA clubs:

List each name

Child's Name: _____

DOB: _____ Grade: _____ DOB: _____ Grade: _____

Medical allergies or conditions: _____