

StoneBridge Church Awana Activities Medical Permit

To Whom It May Concern,

As a parent and/or guardian, I do herewith authorize treatment under the discretion and direction of any licensed physician for the following 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 authority is granted only after a reasonable attempt has been made to reach me by phone as indicated below.

THE UNDERSIGNED ASSUMES THE RESPONSIBILITY FOR ANY COSTS CONNECTED WITH SUCH TREATMENT AND HEREBY RELEASES THE CHURCH OR THE AWANA PROGRAM OR ORGANIZATION FROM ANY AND ALL LIABILITY THEREOF.

Name of minor(s): (list any specific medical conditions of which an attending physician should be aware)

(1) _____
Child's name Relationship to signing party (son, daughter, etc.)

(2) _____

(3) _____

(4) _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

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

Name: _____ Phone: (____) _____

Relationship to the child: _____

Family Physician: _____ Phone: (____) _____

I, the undersigned, on behalf of my child(ren) do give permission for an attending physician or hospital to administer medical care if deemed necessary. I, the undersigned, do hereby release from all claims and forever hold harmless the directors and workers with the AWANA program and StoneBridge Church, from any and all claims and demands for personal injury and/or sickness. I also assume personal responsibility for all medical bills and do certify I have secured primary medical insurance for all my children. Further, should it be necessary for me or my child to return home from any special events due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. 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 Church and Awana activities from September 1, ____ through May 31, ____.

Date: _____ Signed: _____