

# 2021-2022 AWANA Activities

## Medical Release Form

**To Whom it May Concern:** As the parent or guardian, I authorize the treatment by a qualified and licensed medical doctor or Osteopathic medical doctor of the following minor in the event of a medical emergency in which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I also release Albany Baptist Church, other organizations and individuals involved of any liability for injuries /accidents incurred during any of the 2021-2022 AWANA Club activities.

**Parent/Guardian Information:**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Person & Phone Number (if different than above) \_\_\_\_\_

Persons authorized to pick up your child \_\_\_\_\_

Child's Name	Birth date	Grade	AWANA Club (please circle)	Special medical allergies, illness, etc.
	/ /		Cubbies (Pre)   Sparks (K-2)   T&T (3-6)	
	/ /		Cubbies (Pre)   Sparks (K-2)   T&T (3-6)	
	/ /		Cubbies (Pre)   Sparks (K-2)   T&T (3-6)	
	/ /		Cubbies (Pre)   Sparks (K-2)   T&T (3-6)	

This release is intended to be used during the entire AWANA year, August 2021 through May, 2022. This includes AWANA club meetings and outings, and other special AWANA events. This release form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances during my absence.

\*Club activities will be posted on our Albany Baptist Church AWANA Facebook page. Please indicate whether you are willing to have your child(ren)'s photo posted.

Yes, you may post photos of my child(ren)

No, DO NOT post photos of my child(ren)

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_