



Medical Release

This release will be in effect for the
September 2023 - July 2024 year.



To Whom It May Concern:

MEDICAL AND LIABILITY RELEASE

As a parent and/or guardian, I do authorize treatment, under the direction of any licensed physician, for the above named minor in the event of a medical emergency, which in the opinion of the attending physician, would endanger his or her life. This authority is granted only after a reasonable effort has been made to reach me by phone (unless life threatening) at the numbers listed. I (we) are the parent(s) or legal guardians) of this participant, do release, forever discharge and agree to hold harmless Abounding Grace Christian Church Awana Club and the directors/workers/volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the child participant that occur while said is participating in the Abounding Grace Christian Church Awana Club trips or activities.

Furthermore, on behalf of my child participant, I assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is given to Abounding Grace Christian Church Awana Club and the undersigned further agrees to hold harmless and indemnify Abounding Grace Christian Church Awana Club, its directors, staff and volunteers, for any liability sustained by said travel organizers as the result of negligent, willful or intentional acts of said participant, including expenses incurred.

Child/Student's Full Legal Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Social Security #: _____

E-mail Address: _____

Name of emergency contact: _____

Phone # of emergency contact: _____ Other Phone #: _____

Relationship to Child/Student: _____ Date of last tetanus shot: _____

List any current allergies, illnesses, physical conditions, or medications: *(attach another sheet if needed)*

Is participant covered by personal or family medical insurance? Yes No

If yes, please fill out the following:

Name of insurance company: _____

Policy #: _____

Signature (parent/guardian) Date

Print Name