

AWANA
MEDICAL EMERGENCY CARE INFORMATION FORM

As parent or guardian of the named child/ children, I hereby give my consent to administer necessary medical treatment by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician, may endanger the life of my child, cause disfigurement, physical impairment or undue discomfort, if delayed. I give my consent to transport by ambulance if the situation warrants such action. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered and thus releases Winn's Baptist Church and AWANA Clubs International from this liability.

Note that this consent will be exercised only after a reasonable effort has been made to contact the parent or guardian and emergency contact person.

(Child/ Children's Names)

Signature of Parent/ Guardian

Date

Print Parent/ Guardian's Name

MEDICAL INFORMATION

Name of Physician: _____

Physician Phone Number: _____

Insured Designated Hospital: _____

Insurance Company Covering Child: _____

Group Number/ ID Number: _____

Child's Name: _____ Allergies: _____

Child's Name: _____ Allergies: _____

Child's Name: _____ Allergies: _____

Child's Name: _____ Allergies: _____

This form will be kept on file and will be effective for the current AWANA club year.