

First Baptist Church
AWANA CLUBS BLANKET MEDICAL RELEASE

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her 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.

_____ Name of Minor	_____ Name of Minor
_____ Name of Minor	_____ Name of Minor

This being a blanket permit will cover any and all outings and events my child will go on within the AWANA Clubs during the 2018 - 2019 club year. This release will be in effect starting September 1, 2018 and continue until August 31, 2019. My signature also serves to indicate my willingness to take full medical insurance responsibilities for my son/daughter and to release First Baptist Church from this liability.

Signature (Parent/Legal Guardian)

Address: _____ Phone: _____

Family Physician: _____ Phone: _____

Specific medical allergies, chronic illnesses, or other conditions (please specify which child):

Other contact information in case of an emergency:

Name: _____ Phone: _____

*The Club Director, Commander, or Coach will carry this **AWANA CLUBS BLANKET MEDICAL RELEASE** on each outing and/or event.*

2970 Santa Maria Way, Santa Maria, CA 93455 Phone: 805-937-8405