



Medical/Media Release

This release will be in effect for the **September 1, 2018 – August 31, 2019** year.

To Whom It May Concern:

In the unlikely event that medical treatment is required, I _____ as a parent and/or guardian of the child(ren) named below, **after a reasonable effort has been made to reach me** I grant permission to a representative of Calvary Baptist Church to secure the services of a Medical Professional. I do herewith authorize the treatment of the child(ren) named below if in the opinion of the attending physician, delay may endanger his/her life, cause disfigurement, physical impairment or undue discomfort.

I, _____, do release, acquit, discharge, and hold harmless: Calvary Baptist Church, its representatives, and Awana Clubs International, from any and all damages or liabilities arising out of the treatment of any sickness or accident incurred by my child.

My signature serves to indicate my willingness: to take full financial responsibility for any and all medical services rendered for any of the below named child participant(s); for my insurance company to be billed for any and all medical fees and services should they be needed; and to release Calvary Baptist Church and its employees/volunteers from this liability.

I also understand that as a participant, my child/student may be photographed or videotaped during Calvary Baptist Church sponsored activities and I authorize these photos/videos to be used in promotional materials and/or the church website. (We will not use their names just their images.)

Signature (parent/guardian)

Date

Print Name

Cell Phone

Physician Name:

Phone #:

Insurance company:

Phone #:

Group or ID#:

Policy #:

Child 1

Name:	Birthdate mm/dd/yyyy:	M or F
Allergies or Medications:		

Child 2

Name:	Birthdate mm/dd/yyyy:	M or F
Allergies or Medications:		

Child 3

Name:	Birthdate mm/dd/yyyy:	M or F
Allergies or Medications:		

Child 4

Name:	Birthdate mm/dd/yyyy:	M or F
Allergies or Medications:		

Child 5

Name:	Birthdate mm/dd/yyyy:	M or F
Allergies or Medications:		

Child 6

Name:	Birthdate mm/dd/yyyy:	M or F
Allergies or Medications:		

Child 7

Name:	Birthdate mm/dd/yyyy:	M or F
Allergies or Medications:		

Child 8

Name:	Birthdate mm/dd/yyyy:	M or F
Allergies or Medications:		

Child 9

Name:	Birthdate mm/dd/yyyy:	M or F
Allergies or Medications:		

Child 10

Name:	Birthdate mm/dd/yyyy:	M or F
Allergies or Medications:		

Child 11

Name:	Birthdate mm/dd/yyyy:	M or F
Allergies or Medications:		