

2007-08 AWANA Permit and Medical Release

Longs Peak Baptist Church
1601 Collyer St. Longmont, CO 80501
303-776-8521

_____(name of child/ren)
has my permission to participate in all Awana Club activities and events, including, but not limited to, transportation connected with an Awana Club event.

Signed by parent/legal guardian

Medical Release

I, the undersigned parent/legal guardian, authorize emergency medical treatment for

_____(minor/s).

This authority is granted in the event of a medical emergency which, in the opinion of the attending physician, may endanger life, cause disfigurement, physical impairment, or undue discomfort if delayed.

I assume responsibility for any costs connected with such treatment and hereby release Longs Peak Baptist Church from any liability.

Signed by parent/legal guardian

Date

Address

Phone

City, State, Zip

Family Physician

Phone

Specific medical allergies, chronic illnesses, or other conditions _____

Other contact in case of emergency:

Name

Phone