

Awana Clubs Registration and Medical Release  
Grace Church Kelseyville  
2022-2023

Parent's Names \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Brought by \_\_\_\_\_

Church Attending \_\_\_\_\_

All people allowed to pick up my child/children from Awana \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Other emergency contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name	Age	Grade	Date of Birth	Specific Allergies/ Chronic Illnesses
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Consent to Medical Treatment and Release of Liability

As a parent / guardian, I do herewith authorize treatment under the direction of any licensed physician of the minor(s) listed above 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 by phone at the number listed above. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Awana Clubs International and Grace Church Kelseyville from any liability therefore. This consent to medical treatment and release of liability is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. By also signing this document, the undersigned gives permission for my child's likeness in the form of still pictures and/or video and audio to be used by any church sponsored promotional material.

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_