



AWANA YOUTH PROGRAM
Groton Heights Baptist Church

Dear Parents,

Each year parents are asked to file a Medical Release Form allowing us to provide emergency care at club and at special events. In case of an emergency, we will make every effort to contact you before seeking medical assistance. It is essential that you provide accurate information regarding how we may reach you. Please inform us of any changes!

AWANA MEDICAL RELEASE FORM

Effective Sept. 2024 to Oct. 2025

As a Parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor 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. The authority is granted only after a reasonable effort has been made to reach me.

Name of Minor _____ D.O.B. ____/____/____
Relation _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____
Father-Mother-Legal Guardian

Name of: Mother/Female Guardian _____
Father/Male Guardian _____

Parent or Guardian's Address _____

Phone _____ (If you do not have a phone, please specify how we may contact you.)

Family Physician _____
Address _____ Phone _____

Specific medical allergies, chronic illness or other conditions including medications being taken:

Approximate date of last tetanus shot _____

Other contact in case of an emergency:

Name _____

Address _____

Phone _____ Relationship _____

Medical Insurance Company _____

Policy Number _____

Additional information or instructions, comments, remarks:

Club: _____