



**AWANA CLUB #7808 RELEASE FORM
PEARL STREET BAPTIST CHURCH OF PAOLA, KANSAS
FOR CLUB ACTIVITIES DURING THE 2009-2010 SEASON**

We at Pearl Street Baptist Church will do our best to provide a safe and supervised environment during our club activities. However, in case of an emergency, we ask that you sign the following release form in order for the best possible treatment for your child.

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following child (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. This authority is granted only after a reasonable effort has been made to reach me by phone at the number(s) listed below.

I assume responsibility for any costs connected with such treatment and hereby release Pearl Street Baptist Church from any liability therefore.

Child's Name _____

Physician _____

Phone(s) _____

Other contact in case of emergency:

_____ Phone _____

Specific medical allergies, chronic illnesses, or other conditions:

Date of last tetanus shot _____

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.

Parent/Guardian Signature _____

