

**South Holly Baptist Church
Awana Medical Emergency Release**

I, _____, being the parent and legal guardian of _____, give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed physician should his/her condition require it in my absence. I understand that in such a case, reasonable attempts will be made to contact me, time and conditions permitting.

I hereby represent to South Holly Baptist Church that my child is in good health and that his/her participation in Awana does not pose a hazard to the health or welfare of the child or other participating children.

Child's Name

Birth Date

Child's Name

Birth Date

Address

Father/Guardian

Home Phone Number

Alternate/Cell Phone

Mother/Guardian

Home Phone Number

Alternate/Cell Phone

Emergency Contact(s) that we may contact if we are unable to reach you:

Name

Phone Number

Relationship

Name

Phone Number

Relationship

Family Physician

Phone Number

Hospital Preference

Minor Injuries will be treated by a leader as deemed necessary unless so stated on this release form. Please note any objections below. As long as the medical or surgical treatment considered necessary is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated below (if none, please circle): NONE

Please list any allergies, medication or physical restrictions of which we need to be aware (if none, please circle): NONE

Signature of Parent or guardian

Date