



Awana Clubs Medical Release Form 2008-2009

Name of Child/Children:

Insurance company and Policy Number:

Do any of your children have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Are they allergic to any foods or food products?

In case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of Chapel Hill Church to secure proper medical treatment for my child. Parents will be notified immediately.

Signature of Parent or Guardian _____ Date _____

Emergency Phone number: _____

Person to contact if parent/ guardian cannot be reached: _____

Relationship _____ Phone number: _____

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