

Parental Permission & Medical Release

Child's Name _____

Address _____

Birth date _____ Phone _____

Emergency person and phone _____

I (we) give permission for my child to participate in the Awana Event to be held at _____. I (we) also understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Parent/Guardian signature Date

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

Notary Public

Affix Notary Seal

STATE OF FLORIDA
County of _____
The foregoing instrument was acknowledged before me this
_____ Day of _____ 20_____
By _____
 PERSONALLY KNOWN TO ME
 PRODUCED AS IDENTIFICATION

Type of identification

Notary Public, State of Florida at Large