

Master Clubs of Neuse Baptist Church
4444 Louisbury Road
Wake Forest, NC 27587
(919) 876-0440

MEDICAL RELEASE 2018-2019

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by qualified and licensed medical personnel of the following person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/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 the parent and/or guardian.

Name of Participant: _____

This release will be in effect starting August 29, 2018 and continuing until June 30, 2019. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named participant. My signature also serves to indicate my willingness for my insurance company _____, Policy number _____, to be billed for any and all medical fees and services should they be needed and to release Awana Clubs International, its employees, and its charters from this liability.

Signature of Parent/Guardian

Witness

Date

Date

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Other Phone: _____

Family Doctor: _____

Phone: _____

List any specific medical allergies, chronic illnesses or other conditions: _____

Contact person in case of emergency _____

Relation: _____ Phone: _____ Other Phone: _____

Date of last tetanus shot _____

This medical release is to be carried by Master Clubs Staff at each and every club night or event.