

TO WHOM IT MAY CONCERN: as a Parent and/or Guardian, I do herewith authorize treatment under the direction of any licensed physician of the following 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 listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Manchaca Bible Fellowship Church, where the child attends AWANA from any Liability therefore.

X

Parent /Guardian Signature

Parent/Guardian name printed

Parents/Guardians Names

Address of Parent/Guardian

City

Zip

Phone Number

Cell Phone

Parent Employer

Work Phone Number

Parent E-Mail Address

Medical Conditions:

Medications: _____

Insurance: _____

Policy Number: _____

Other #: _____

Doctor: _____

Phone: _____

Other Contact in
case of Emergency:

Emergency Contact Name

Emergency Contact Address City Zip

Emergency Contact Phone

Emergency Contact Relation

Child's Name _____

Date of Birth

Last Tetanus

Child's Name _____

Date of Birth

Last Tetanus

Child's Name _____

Date of Birth

Last Tetanus

Child's Name _____

Date of Birth

Last Tetanus