

Crossroad Baptist Awana Clubs

Medical Release Form

Clubber's Name _____ Birthdate _____

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone or Alternate () _____

Alternate Person to Contact: Name _____ Phone () _____

Family Doctor _____

Insurance Company _____

Allergies to drugs, food, plants, others: _____

Medications taken regularly: _____

Health and or mental health problems: _____

We give our permission for the health center or hospital staff to administer the necessary aid immediately to our child, _____, should he/she become injured or sick during this event.

Parent's Signature _____ Date ____/____/____

Reviewed by: () Club Director () Awana Commander