

Registration & Liability Release

Wed. night Awana Meetings from 9/10/08 to 4/29/09

Please immediately return one form for each child.

Minor's Name		
Address		
City, State, Zip		
Telephone		
Birthday	Grade in 2008-2009	Gender: M or F
Parent's Name		
Church		
Specific allergies, illnesses, or other conditions:		
Date of last tetanus shot		

As a parent and/or guardian, I do herewith authorize treatment, under the direction of any licensed physician, for the above named 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 the First Baptist Church of Avoca from any liability therefore.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed:

Date: (Please circle) Father Mother Guardian

Family Physician

Physician's Phone:

Please list another person we can contact in an emergency.

Name:

Phone number:



Please fill out **other side** as well!



SPARKS

