

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 _____ <input type="checkbox"/> PERSONALLY KNOWN TO ME <input type="checkbox"/> PRODUCED AS IDENTIFICATION _____ Type of identification
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Notary Public, State of Florida at Large