

Medical Release/Parental Consent

Foothill Christian Fellowship - AWANA

1100 Sugar Pine Road

Meadow Vista, CA 95722

(530) 878-0293 ~ ww.fcmv.org

Club Year: 2017-2018

-Please Print-

<u>Child's Name (First, Last)</u>	<u>Doctor Name/Number</u>	<u>Allergies/Meds/Special Needs</u>
-----------------------------------	---------------------------	-------------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance Company: _____

Policy Number: _____

Terms and Conditions

- 1) I understand that my child/children may participate in physical activities, such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Foothill Christian Fellowship and any person or persons involved with the AWANA Club Ministry.
- 2) In the event of an emergency that requires medical treatment for the above named child/children, I understand every reasonable effort will be made to contact me or my emergency designate. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) I grant permission for photo(s) and/or video of my child to be used by AWANA.
- 4) I grant permission for my child to travel to/from AWANA Club events, such as AWANA Games, with an adult leader. Any such event will be clearly communicated with me beforehand.
- 5) I have read over the sick policy & understand my child may be sent home if these symptoms are present.

I have read and agree to the Terms and Conditions stated above

Signature of Parent/Guardian

Date