## AWANA Club Medical Information/Activity Authorization

As parent(s) and or guardian of \_\_\_\_\_\_ I/we hereby grant permission for my/our child to participate in the scheduled AWANA activities sponsored by Katy Bible Church during the 2011-2013 AWANA year.

In consideration of the opportunity provided to my/our child by this sponsored activity, I/we hereby

1.) authorize any person in charge of the sponsored activity to secure reasonable medical treatment for my/our child should that person believe it necessary or appropriate to do so without first obtaining my/our permission, and

2.) release all persons in charge of, or attending the sponsored activity, as well as Katy Bible Church, its Pastors, employees, officers, leaders and members from

- 1. a.) any liability for securing or failing to secure such medical treatment and
- 2. b.) any liability arising from any injury to my/our child occurring while going to

or from such activity or while participating therein.

In case of emergency, please call:

1)	2)	
Phone (W)	(H)	
Phone (W)	(H)	
My child's information is: ADDRESSMedical Ins. C		TELEPHONE

Policy/Group # \_\_\_\_\_ Insured's Name

Special medical condition, medications and/or treatments which my/our child may have or require are as follows:

I understand Katy Bible Church and its representatives will supervise all activities but do not assume liability for injuries sustained by my child. At game time children will be running, jumping, and participating in associated physical race activities where there are risks of injury. Your signature below authorizes your child to participate and acknowledges your understanding of the associated risks.

Parent or Guardian Signature	Date
Parent or Guardian Signature	
Date	

\*\*\*\*\* Optional Information:

If practical I/we request that medical treatment for my/our child be obtained from: DOCTOR \_\_\_\_\_\_ADDRESS \_\_\_\_\_\_TELEPHONE \_\_\_\_\_\_

HOSPITAL\_\_\_\_\_\_ADDRESS\_\_\_\_\_\_TELEPHONE\_\_\_\_\_