



Awana Sparks Camp-A-Rama Parental Consent and Medical Release

As the parent / guardian of the child listed below, I am giving him / her permission to participate in Sparks Camp-a-Rama – June 5th, 2010 at Camp Awana, Fredonia, WI. By signing, I also herewith authorize treatment under the direction of any licensed physician of the following minor(s) 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 released the church where child attends AWANA Club, AWANA Clubs International, the AWANA Missionary, the chaperons, and Camp Awana from any liability thereof.

Child's Name: _____ Date of Birth _____

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.

Parent / Guardian Signature **Date**

Address: _____ Phone: () _____

Family Physician: _____ Physician Phone: _____

Specific medical allergies, chronic illnesses, or other conditions:

Date of last tetanus shot: _____

Please attempt to contact the following person if the parent/guardian is not available:

Name: _____

Relationship to child: _____ Phone: () _____

THIS MEDICAL RELEASE MUST BE SHOWN UPON REGISTRATION AT CAMP AWANA.