

AWANA CLUB ACTIVITY PERMIT

For: AWANA Club 2011-2012 at Living Water Church, 1623 S. Chicago Avenue, Plattsmouth, NE 68048

To Whom It May Concern:

As a parent and/or guardian, I authorize treatment under the direction of any licensed physician of the following 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 at this phone number: _____ .

I assume responsibility for any costs connected with such treatment and release Living Water Church where the child attends AWANA Club from any liability.

Name of Minor: _____ Relationship: Son ____ Daughter ____ Grandchild ____
Time period when release is intended: October 2011 to May 2012.

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

Signed: _____ (Father, Mother, or Legal Guardian)

Address: _____

Phone Number: Home _____ Work _____ Cell _____

Family Physician: _____ Phone: _____

Medical allergies, chronic illnesses, or other conditions: _____

Tetanus shot: Current ____ Non-current _____

Other contact in case of emergency: _____ Phone: _____