

Last Name \_\_\_\_\_

### Family Medical Release

Parent(s) Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Student(s) Address (if different from parent(s)) \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Students Name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ Shirt size \_\_\_ Club \_\_\_\_\_

Allergies \_\_\_\_\_

Students Name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ Shirt Size \_\_\_ Club \_\_\_\_\_

Allergies \_\_\_\_\_

Students Name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ Shirt size \_\_\_ Club \_\_\_\_\_

Allergies \_\_\_\_\_

Students Name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ Shirt size \_\_\_ Club \_\_\_\_\_

Allergies \_\_\_\_\_

Students Name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ Shirt size \_\_\_ Club \_\_\_\_\_

Allergies \_\_\_\_\_

Students Name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ Shirt size \_\_\_ Club \_\_\_\_\_

Allergies \_\_\_\_\_

Does any child have life-threatening allergies? If so whom/list? \_\_\_\_\_

Does any child bring medication with them? If so whom/list? \_\_\_\_\_

Does any child have any physical, emotional, mental, behavior concerns or limitations that our staff should be aware of? If yes, whom/explain. \_\_\_\_\_

Has any child ever had seizures, asthma, heart disease, home sickness or other? If so whom/list? \_\_\_\_\_

### Parental Medical Release

**In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of Northview Alliance Church to secure proper medical treatment. Parent(s) will be notified immediately.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Person to contact if parent cannot be reached \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Parental Consent Statement

I hereby consent to let my child/children participate in the AWANA Program of Northview Alliance Church and the activities associated with the program. It is understood that every precaution will be taken for the safety and well-being of my child. But, in the event of accident or illness, Northview Alliance Church, its staff and volunteers are hereby released from liability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_