

AwanaGames Parent Consent and Medical Release

Please return this form to your coach in a timely manner so that it can be mailed in for review 4 weeks before the Event.

Church Name: _____ Coach: _____ Phone:() _____

I/We the undersigned parent(s) / guardian(s) of _____, hereby consent to our child participating in the AwanaGames. I/We understand the activities involved in the AwanaGames. I/We hereby will hold Awana Clubs International and the California Golden West ministry team, the facility owner and its representatives corporately or individually harmless from any liability or responsibility in regard to our child's personal safety.

Date and location of the AwanaGames our child is attending are:

Date: _____ Location: _____

I/We understand that the AwanaGames medical staff will give first aid to the participants as needed. I/We authorize medical treatment beyond first aid, at the discretion of the AwanaGames medical staff, to be given under the direction of and by any licensed physician for the named participant in the event of a medical emergency that may endanger the life of the above named participant or cause disfigurement, physical impairment, or undue discomfort if delayed. I assume all financial liability for any cost incurred due to ambulance transfer or emergency room visit. I/We, understand NO medication will be given on site unless I do so or unless by our authorized adult.

I/We, the undersigned assume all financial liability for any cost incurred due to ambulance transfer or emergency room visit and hereby release Awana Clubs International and/or its representatives from any liability. To the best of our knowledge the health and medical information provided is truthful, correct and complete.

This release is completed and signed of our own free will with the purpose of authorizing participation in the AwanaGames and emergency medical treatment in my/our absence.

Personal Information: Please Print – We need an answer to *each* question. If the answer does not apply please use N/A.

Participant's full name: _____ Date of Birth: _____
Parent's name: _____ Phone: _____
Parent's work phone: _____ Parent's cell phone or pager: _____
Emergency Contact (other than parent):
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Insurance Information:

Insurance Company: _____ Policy Number: _____
Phone: _____ Special Instructions: _____

Health Related Information: *please check yes or no*

Do you have any health-related problems? Yes _____ No _____ If yes, please explain in detail on the back of this sheet.

Do you have any ongoing medication? Yes _____ No _____ If yes, please explain in detail on the back of this sheet.

Medical Illnesses: Please circle yes or no. If yes, please explain in detail on the back of this sheet.

Diabetes Yes ___ No ___ Asthma Yes ___ No ___ Migraine Headaches Yes ___ No ___ Epilepsy Yes ___ No ___
Heart Problems Yes ___ No ___ Recent Surgery Yes ___ No ___ Recent Illness Yes ___ No ___

Allergies: Please circle yes or no. If yes, please explain in detail on the back of this sheet.

Insect Stings Yes ___ No ___ Hay Fever Yes ___ No ___ Food Yes ___ No ___ If yes, please explain in detail on the back of this sheet.

Medications Yes ___ No ___ If yes, please explain in detail on the back of this sheet.

Immunization Status:

Tetanus/Booster (date) _____

Parent/Guardian Signature

Date