

**GRACE COMMUNITY CHURCH, GREAT BEND, KS**  
**AWANA CLUB REGISTRATION & MEDICAL RELEASE FORM**

Name of Minor (First, M.I., Last)	Date of Birth	Age
Current Address	City	Zip Code
Home Church	Grade in School	
Name of Parent / Guardian	Relationship to Minor	Phone #
Family Physician	Phone #	
Alternate Contact in Case of Emergency	Phone #	

**THIS MEDICAL RELEASE IS EFFECTIVE FROM 9/1/2009 THROUGH 5/15/2010.**

To Whom It May Concern:

As a parent and/or legal guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, and/or cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me.

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.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Parent or Legal Guardian

**SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESSES, OR OTHER CONDITIONS:**

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**DATE OF LAST TETANUS SHOT:** \_\_\_\_\_