

PARENTAL CONSENT and MEDICAL RELEASE

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) son or! daughter, _____ to attend and participate in Awana Sparks Camp-A-Rama. during the day of _____ I also give permission for our (my) son / daughter to participate in camp activities on or off of the camp grounds. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Awana Sparks Camp-A-Rama.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital and/or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I (we) do herewith authorize the treatment by this authority and is granted only after a reasonable effort has been made to reach us/we the parent(s) and/or guardian(s).

We (I) the undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This consent and release will be in effect during the day of _____. My signature also served to indicate my willingness to take full financial responsibility for any and all medical services rendered for the named participant. My signature also serves to indicate my willingness for my Health Insurance Company: _____ policy number: _____ group number: _____ to be billed for any and all medical fees and services should they be needed. I (we) hereby release Awana Sparks Camp-A-Rama and Awana Clubs International from this liability.

The undersigned does hereby release and agree to hold harmless Awana Sparks Camp-A-Rama and Awana Clubs International and their directors, employees, agents, or representatives from any and liabilities or claims for personal injury, illness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by our (my) son / daughter that occur within the effective dates stated above and / or while said child is participating in the above named camp program and it activities.

Name of Camper: _____ Date of Birth: ____/____/____

Parent or Guardian's signature

Printed Name of Parent or Guardian

Witnessed by Awana Commander/Pastor

signed this dated

Family Doctor: _____

Phone: (____) _____ - _____

List any specific medical allergies, chronic illnesses, or other conditions: _____

Emergency phone numbers (other than those listed above): Contact _____

Phone: (____) _____ - _____

Date of last tetanus shot: _____

Will camper be under any medication while at camp? _____ If yes. explain: _____

Every camper **must** have this form completed to attend camp. Please keep a copy.