



MEDICAL and LIABILITIES RELEASE FORM

Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_  
(Last) (First) MM/DD/YYYY

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Home Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

In emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Family Dr. \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

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

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

Name of Main Insured \_\_\_\_\_ Subscriber # \_\_\_\_\_

**Health History**

\_\_\_ Drug Allergies \_\_\_ Insect Sting Allergies \_\_\_ Chronic Asthma \_\_\_ Epilepsy/Nervous Disorders  
\_\_\_ Hay Fever \_\_\_ Food Allergies \_\_\_ Frequent Colds \_\_\_ Frequent Stomach Upsets  
\_\_\_ Diabetes \_\_\_ Heart Condition \_\_\_ Physical Handicap \_\_\_ Other: \_\_\_\_\_

Please specify and list normal treatment \_\_\_\_\_

Date of last tetanus \_\_\_\_\_ Any activity restrictions? \_\_\_ List restrictions \_\_\_\_\_

Name and dosage of any medication which your child takes on a regular basis: \_\_\_\_\_

*Medical Release:*

In the event that I cannot be reached in an emergency while my child is with Awana from Valley Church, I hereby give permission to the physician or dentist selected by the Awana supervisors to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that all billings for services rendered will be sent to me as the parent/legal guardian and that I am responsible for the complete payment.

*Liability Release:*

“In the unlikely event that my child is injured while participating in activities on or off the campus of Valley Church or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child during or in route to activities. In consideration for the church granting my child permission to recreate on or off the church campus, I hereby release Valley Church from the liability for injuries caused by negligence on the part of Valley Church and its employees and volunteers.”

I acknowledge that if my child has to return home early for discipline violations it will be at the parent/guardian's expense.

I also understand the photos and videos may be taken of my child while at Awana events, which may be used by Valley Church for future promotional purposes.

The signature is for both Medical and Liability Release

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to child)