



Bethel Evangelical Free

P.O. Box 75, WA 98070

Phone: (206) 567-4255

Awana Club Activity Permit

To Whom It May Concern:

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

Name of Minor _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment with emergency circumstances in my absence.

Signature _____ Date _____

Father Mother Legal Guardian

Name _____ Phone number(s) _____

Full Address _____

Physician name & phone number(s) _____

Specific medical drugs, chronic illness, or other conditions:

Date of last tetanus shot _____

Other contact in case of emergency: Relationship

Name _____ Phone number(s) _____

