

MEDICAL RELEASE and PERMISSION FORM FOR AWANA LOCK-IN

Name of Minor: _____ Date of Birth: _____

The undersigned do hereby authorize any adult representative of **Calvary Temple** to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon Licensed under the provisions of the DENTAL PRACTICE ACT.

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 before mentioned 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 authorization will remain effective while the above-named minor is in the care of **Calvary Temple** from the dates 2/3/12 thru 2/4/12 on unless revoked in writing by the undersigned. The aforementioned minor is granted permission by the undersigned to attend the CT Awana Grand Prix Lock-In.

In the event of an emergency in which you need to contact the aforementioned minor contact CT at (303) 744-7213 or Melissa Walker at (303) 503-3890 or Eloise Casdorff at (303) 746-3812. **Please copy down these numbers before returning this form.**

Medication that that the above-mentioned minor is required to take will be turned over to the adult representative in charge of the group. Type of medication and specific instructions: _____

Allergy, including reactions to medication: _____

Activity restriction: _____

Additional information that the adult representative should be aware of: _____

PARENT OR GUARDIAN _____ DATE _____

Emergency Contact Name: _____

Emergency Contact Number: _____