

SHEBOYGAN EVANGELICAL FREE CHURCH
Awana BLANKET MEDICAL RELEASE
September 2009 - June 2010

Name of Child _____ Date of Birth _____

Parents/Guardians Name _____

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____

Family Physician _____ Phone _____

Specific food or medical allergies, chronic illnesses, or other conditions

Date of last tetanus shot _____

Insurance Company _____ Policy # _____

Other person to contact in case of emergency:

Name _____ Phone _____

As a parent and/or guardian, I authorize treatment under the direction of any licensed physician 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 is granted only after a reasonable effort has been made to reach me by telephone at the number listed on the other side of this card.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the Evangelical Free Church of Sheboygan, Wisconsin from any liability.

Signed _____

Relationship to clubber _____

Date _____

Evangelical Free Church ☐ 1710 North 15th Street ☐ Sheboygan, WI 53081
(920) 452-6520 ☐ www.sheboyganefc.org