

Medical Treatment Release

To Whom It May Concern:

As parent or guardian of the minor(s) named below, **I hereby give:**

- 1) permission for their attendance and participation in the events at Lebanon Baptist Church during the 2010-2011 Awana year
- 2) **authorization to administer emergency treatment** by a qualified and licensed medical professional in the event of a medical emergency which, in the opinion of said professional, 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(s) _____

Date(s) Of Birth _____

Date(s) of last tetanus shot (est.) _____

Specific meds, chronic illnesses, or other conditions including known allergies/reactions:

(Optional) Physician Name _____ Phone _____

(Optional) Health Insurance Carrier Company/Plan Name _____

X **Parent or Guardian Signature** _____ **Date** _____

Parent or Guardian Printed Name _____

Phone _____ location _____ (e.g., home, work, cell, car, pager)

Phone _____ location _____

(Optional) Additional/Alternate Emergency Contact:

Name _____ Phone _____ Relation _____

Please return this completed form to either Pastor Matlock ,or Lebanon Baptist Church office.
