

Community Covenant Church Awana Clubs
5070 Cathedral Oaks Road, Santa Barbara, Ca 93111
(805) 967-2671 www.community-covenant.org

MEDICAL RELEASE

As a parent and/or guardian of the following minor, I do herewith authorize treatment under the direction of any licensed physician, EMT, or ambulance medical staff in the event of a medical emergency. This authority is granted only after a reasonable effort has made to reach me by phone at the number listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Community Covenant Church, the Awana Club, and the volunteer leadership from any liability therefore.

NAME OF CLUBBER _____ SON or DAUGHTER (Circle one)

Events and dates for which this Medical Release is intended: Awana Club Meetings (September 16, 2010 through May 26, 2011, Community Covenant Church, Santa Barbara, CA). Awana Special Events/Field Trips (Permission Slips will be sent home as needed)

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

PARENT'S NAME _____ Please Print

SIGNATURE _____

EMERGENCY CONTACT _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

Specific Medical Allergies, Chronic Illness or Other Conditions: _____

Photo Release Form

I give permission for photographs of the persons listed to be published on the website of Community Covenant Church of Goleta. I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed.

Print name: _____

Signature: _____