



**Emergency Medical Information**

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Concerns (check those that apply) \_\_\_\_\_ diabetes \_\_\_\_\_ asthma \_\_\_\_\_ epilepsy

\_\_\_\_\_ other (please specify) \_\_\_\_\_

List allergies and current medications \_\_\_\_\_

List other special needs (i.e. emotional, behavioral, or medical concerns):

**Parental Consent to Treatment and Emergency Authorization**

I hereby release Living Hope Church, its staff and sponsors from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as an agent for me, to consent to any x-ray examination, medical, dental, surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice in the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted immediately. Furthermore, I agree to reimburse Living Hope Church for all medical expenses.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photograph Release**

I give Living Hope Church permission to use photographs and video taken at this program for promotional purposes and in the year-end music and photo presentation at the Awana Family Finale.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

