

## Awana Games 2009-2010 Parent Consent and Medical Release

Please return this form to your coach/coordinator in a timely manner. Your coach needs to send a copy of each participants form to Dwight Rathmel for review **4 weeks** before the Event. (24491 Main St. Perris, CA ~ 92570)

### To Be Filled Out By the Church

Church Name: \_\_\_\_\_ City \_\_\_\_\_ Coach: \_\_\_\_\_

Coach's Phone: ( ) \_\_\_\_\_ Medical Release Coordinator (MRC) \_\_\_\_\_

MRC Phone ( ) \_\_\_\_\_ MRC Email \_\_\_\_\_

Date and location of the AwanaGames our child is attending are:

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

TEAM STATUS: **Circle One:** Sparks (T&T)Boys (T&T)Girls (T&T)Coed TREK Journey

### To Be Filled Out By the Parent/Guardian

I/We the undersigned parent(s) / guardian(s) of \_\_\_\_\_ (participant's full name), hereby consent to our child participating in the AwanaGames. I/We understand the activities involved in the AwanaGames. I/We hereby will hold Awana Clubs International and the California Golden West ministry team, the facility owner and its representatives corporately or individually harmless from any liability or responsibility in regard to our child's personal safety.

I/We understand that the AwanaGames medical staff will give first aid to the participants as needed. I/We authorize medical treatment beyond first aid, at the discretion of the AwanaGames medical staff, to be given under the direction of and by any licensed physician for the named participant in the event of a medical emergency that may endanger the life of the above named participant or cause disfigurement, physical impairment, or undue discomfort if delayed. I assume all financial liability for any cost incurred due to ambulance transfer or emergency room visit. I/We, understand NO medication will be given on site unless I do so or unless by our authorized adult.

I/We, the undersigned assume all financial liability for any cost incurred due to ambulance transfer or emergency room visit and hereby release Awana Clubs International and/or its representatives from any liability.

This release is completed and signed of our own free will with the purpose of authorizing participation in the AwanaGames and emergency medical treatment in my/our absence.

**Participant's** Date of Birth: \_\_\_\_\_

**Parent/Guardian** Name (print): \_\_\_\_\_ (Must match Parent/Guardian signature below)

**Emergency Contact** (two contacts are required and a separate working phone for each):

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**PLEASE CIRCLE YES OR NO TO THE FOLLOWING** (for each **'YES'** answer complete **Box #1**; for **Asthma and Severe Allergies** complete **Box #2**)

- |                                                        |                                                              |
|--------------------------------------------------------|--------------------------------------------------------------|
| <b>YES NO</b> Do you have any health-related problems? | <b>YES NO</b> Health Insurance:                              |
| <b>YES NO</b> Do you have any ongoing medication?      | <b>YES NO</b> Epilepsy <b>Last seizure date:</b>             |
| <b>YES NO</b> Medication(s) Allergy                    | <b>YES NO</b> Major Surgery <b>Date:</b> <b>Type:</b>        |
| <b>YES NO</b> Food Allergy                             | <b>YES NO</b> Heart Problems                                 |
| <b>YES NO</b> Diabetes                                 | <b>YES NO</b> Migraine                                       |
| <b>YES NO</b> Asthma                                   | <b>YES NO</b> <b>Will a parent/guardian be at the event?</b> |

**B** For each YES answer provide the following information (place N/A on lines **not** appropriate for your child's problem):

**O** **Problem:** \_\_\_\_\_ **Severity:** (mild/moderate/severe) \_\_\_\_\_

**X** **List Routine Medications taken for problem:** \_\_\_\_\_

**List Emergency Medications taken for problem:** \_\_\_\_\_

**#** **Additional information:** \_\_\_\_\_

**1** (If your clubber has **additional problems**, please list them on the back of this form with the necessary information – as requested above.)

**B** If your child has **Asthma** or **Severe Allergies**, do they carry an:

**O** - Inhaler **YES NO** *Who can administer the emergency medication?*

**X** - Epi Pen **YES NO** *Name:* \_\_\_\_\_

**#** - Other **YES NO** *Relationship to Participant:* \_\_\_\_\_

**2** List "Other" medication: \_\_\_\_\_

To the best of our knowledge the health and medical information provided is truthful, correct and complete.

Parent/Guardian Signature \_\_\_\_\_ (Must match Parent/Guardian Name above) Date \_\_\_\_\_