



## Medical/Media Release for the Awana 2025 - 2026 Year

This release will be in effect for **August 2025 – May 2026**

### To Whom It May Concern:

In the unlikely event that medical treatment is required, I \_\_\_\_\_ as a parent and/or guardian of the child(ren) named below, **after a reasonable effort has been made to reach me**, grant permission to a representative of Calvary Baptist Church to secure the services of a licensed physician. I do herewith authorize the treatment of the child(ren) named below if in the opinion of the attending physician, delay may endanger his/her life, cause disfigurement, physical impairment or undue discomfort.

I, \_\_\_\_\_, do release, acquit, discharge, and hold harmless: Calvary Baptist Church, and its representatives from any and all damages or liabilities arising out of the treatment of any sickness or accident incurred by my child.

My signature serves to indicate my willingness: to take full financial responsibility for any and all medical services rendered for any of the below named child participant(s); for my insurance company to be billed for any and all medical fees and services should they be needed; and to release Calvary Baptist Church and its employees/volunteers from this liability.

I also understand that as a participant, my child/student may be photographed or videotaped during Calvary Baptist Church sponsored activities and I authorize these photos/videos to be used in promotional materials and/or the church website. (We will not use their names just their images.)

\_\_\_\_\_  
Signature (parent/guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name:

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

\_\_\_\_\_  
Home Phone:

\_\_\_\_\_  
Relationship to Student:

\_\_\_\_\_  
Cell Phone:

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

\_\_\_\_\_  
Physician Name:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Name of Insurance Company:

\_\_\_\_\_  
Phone #:

\_\_\_\_\_  
Group or ID#:

\_\_\_\_\_  
Policy #:

1.Child's Name	2.Child's Name	3.Child's Name
Birthdate: Male/Female	Birthdate: Male/Female	Birthdate: Male/Female
List any current allergies, illnesses, physical conditions, or medications (attached another sheet if needed)	List any current allergies, illnesses, physical conditions, or medications (attached another sheet if needed)	List any current allergies, illnesses, physical conditions, or medications (attached another sheet if needed)

# Awana Clubs™ Contact Information and Permission Authorization

(Recommend information and written permission is updated annually. Copy information from this card to the Companion Card as needed for visitation and home contact activities.)

Clubber name: \_\_\_\_\_ Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email (For Club Updates): \_\_\_\_\_

What is our preferred method to receive Club Information: \_\_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_ Facebook Group

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Clubber birthday: \_\_\_\_\_ Clubber age/grade: \_\_\_\_\_

Hobbies/Activities: \_\_\_\_\_

Siblings (names/ages): \_\_\_\_\_

Church: \_\_\_\_\_ Medical conditions: \_\_\_\_\_

Brought by (transportation): \_\_\_\_\_ Invited by: \_\_\_\_\_

Individuals authorized to pick up child from club: \_\_\_\_\_

Hi! My name is \_\_\_\_\_ and I am your child's handbook leader for this club year. Occasionally, I would like to contact your child to see how they are enjoying club and if they need any help in completing their handbooks. I would also like to send written correspondence such as Get Well cards and a Birthday card. I am asking your permission as the legal parent/guardian to contact your child through regular mail and telephone to discuss club activities. Any contact shall be done according to church policies.

Leader's signature and date \_\_\_\_\_ Parent/Guardian signature and date \_\_\_\_\_