

AWANA CLUBS OF EVANGELICAL FREE CHURCH, PLEASANTON

6900 Valley Trails Drive / Phone: (925) 462-4362 / www.pleasantonefc.org

AWANA REGISTRATION AND AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/we, the undersigned, parent(s)/legal guardian(s) of the minors listed below, do hereby authorize the Pleasanton Evangelical Free Church Awana Club Leaders as agents for me/us to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under provisions of the Medical Practices Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or hospital. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I/we, as parent(s)/legal guardian(s), as primary carriers, do assume all costs of necessary medical treatment as needed and allowed in this authorization form.

Our medical insurance company is: _____ Plan/policy # _____

Physician's name: _____ Phone: _____

City: _____

I/we hereby further authorize any hospital which had provided treatment to the above minor to surrender physical custody of such minor to above named agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

I/we, also consent to the participation of the above minor in all AWANA meetings and activities.

I/we assume all risks and hazards that are incidental to the conduct of these activities. I/we further agree to release, absolve, indemnify, and hold harmless the Pleasanton Evangelical Free Church and the Awana Charter #4298 Leaders of all legal responsibilities.

This authorization and consent is for all Awana meetings and activities during the **2014-2015** club year. This authorization shall be effective from **September 1, 2014 until September 1, 2015** unless sooner revoked in writing and delivered to said agents.

Signed (Parent/Guardian): _____ Date: _____

Church (& City): _____ Attend church regularly? _____

Father: _____ Cell Phone: _____ Work Phone: _____

Mother: _____ Cell Phone: _____ Home Phone: _____

E-mail Address: _____

House address: Street: _____ City: _____ Zip: _____

Other Emergency or Child Pick-Up Contact: _____ Phone: _____

Child 1: Name: _____ M / F Birthdate: _____

Grade: _____ Medications; food/drug allergies _____ Special Conditions: _____

Medical Insurance No.: _____ Date of last tetanus shot: _____

Child 2: Name: _____ M / F Birthdate: _____

Grade: _____ Medications; food/drug allergies _____ Special Conditions: _____

Medical Insurance No.: _____ Date of last tetanus shot: _____

Child 3: Name: _____ M / F Birthdate: _____

Grade: _____ Medications; food/drug allergies _____ Special Conditions: _____

Medical Insurance No.: _____ Date of last tetanus shot: _____