

HERITAGE
EVANGELICAL FREE CHURCH
555 N. Heritage Avenue
Castle Rock, CO 80104
303-660-9911



2011-2012

Heritage EFC AWANA Medical Release Form (Must accompany Registration form)

Child's Full Name _____

Allergies or Medical Conditions: _____

Child's Doctor: _____ Phone Number: _____

To Whom It May Concern:

I, _____, the parent or legal guardian of, _____, do herewith authorize treatment under the direction of any licensed physician of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the numbers listed on the other side of this form.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Heritage Evangelical Free Church from any liability therefore. This release is effective from August 17, 2011 - June 30, 2012. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances as described above in my absence.

Signed: _____ Date: _____

Relationship to child (circle one): Father Mother Legal Guardian