

**AWANA INTERNATIONAL CANADA
&
COUNTRYSIDE CAMP
MEDICAL RELEASE**

To Whom It May Concern:

As a parent and/or guardian, accompanying adult, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

In case of minor, this authority is granted only after reasonable effort has been made to reach parent and/or guardian.

Name of Participant: _____

This release will be in effect starting June 10 and continue until June 12, 2011. My signature also serves to indicate my willingness to take full medical insurance responsibilities for my child (or for myself if accompanying adult) and to release the Awana International Canada and Countryside Camp from any liability.

Signature of Parent/Legal Guardian _____

Signature of accompanying adult _____

Address of Participant: _____

City: _____ P.C.: _____ Phone: () _____

Valid Health Card No: _____ Physician: _____ Phone: () _____
(including version code)

List of specific medical allergies, chronic illnesses or other conditions: _____

Other contact person in case of emergency:

Phone: () _____

**THIS AWANA SPARKS CAMP-A-RAMA MEDICAL RELEASE WILL BE CARRIED BY
ACCOMPANYING ADULT.
- PLEASE DO NOT MAIL THIS FORM!! -**