

**AWANA INTERNATIONAL CANADA  
&  
SIMCOE GOSPEL CHAPEL  
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 March 25 and continue until March 27, 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 the Simcoe Gospel Chapel 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 TREK TURKEY BOWL MEDICAL RELEASE WILL BE CARRIED BY  
THE JUNIOR HIGHER, OR ACCOMPANYING ADULT.**

**- PLEASE DO NOT MAIL THIS FORM!! -**