

Awana Medical Form

To be filled in by parent or guardian Please print.

Awana Clubber _____ Birthdate ____ / ____ / ____ Grade ____
Home Address _____ City _____ Zip 9 3 4 ____
Home phone _____ - _____ Cell phone _____ - _____
Family Insurance Company _____ Policy # _____
Parent or Guardian Name _____ Church _____

Child's Medical History

Present Medical Problems: (Check applicable ones and explain on back as needed)

Epilepsy _____ Asthma _____ Fainting/ Dizziness _____
Diabetes _____ Heart Condition _____ Ear / Throat Infection _____
Others _____

Medications: (List all medications - dosage and frequency)

1. _____ 2. _____ 3. _____

Limitations or Restrictions on Activity: (List all and to what extent)

1. _____ 2. _____

Other Persons to Notify in Case of an Emergency:

Name(s) _____ Relationship _____
Address _____ City _____
Home phone _____ - _____ Cell phone _____ - _____

Name(s) _____ Relationship _____
Address _____ City _____
Home phone _____ - _____ Cell phone _____ - _____

I/we, the undersigned parents/guardians of the above named person, hereby consent to any and all medical, hospital, and surgical care that may be deemed necessary by qualified physicians without further consent, provided that the physician or hospital is unable to reach me/us at the telephone numbers listed. I/we understand that all effort will be made to contact me/us and to those listed as alternates. The alternates have been notified and understand they have my/our authorization to give consent for treatment when I/we cannot be reached.

Affix signatures here accordingly: Dated this _____ day of _____ 20 ____
day month year

Parent(s) _____
or
Guardian(s) _____