



## Medical, Liability, and Media Release Form

This release will be in effect for all Awana activities of Grace Community Church of Madera (GCC Madera) from the date of the signature below through the end of the said child's time in Awana.

Full legal name of minor \_\_\_\_\_

As a parent and/or guardian of the above child, I do herewith authorize treatment under the direction of any licensed physician of the following 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 number listed below. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases GCC Madera from any liability therefore.

I understand that while Awana activities are planned and supervised, unforeseen accidents or injuries can occur. I agree not to hold GCC Madera, Awana Clubs International, church employees, or any leaders working within the Awana Club liable for any injuries or illness, **including Covid-19**, to the above child. I understand that candy, or other small treats, may be given to the above child for participation in Awana activities including, but not limited to, games, themed nights, and Scripture memorization.

GCC Madera may use pictures or videos that include your child in church publications, including, but not limited to, the church website and Facebook. Names of children will not appear with these pictures. If you do not want your child's photograph published, please submit a request in writing to the Awana secretary and the church office.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Father-Mother-Legal Guardian

Relationship to minor \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Minor's Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Please list any specific medical or food allergies, chronic illnesses, or other conditions below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

Please list all people who may pick up your child. \_\_\_\_\_

Is there anyone who may NOT pick up your child? \_\_\_\_\_