



Keyport Bible Church

Medical Consent & Liability Release Form • Vacation Bible School July 11 – 15, 2022

Please Complete Both Sides of the Form

Participant Information		
Name:	Date of Birth:	
Address:		
City:	State:	Zipcode:
Phone:	Email:	

Authorization of Consent to Treatment of Minor

(I) (We), the undersigned parent(s) of _____, (a) minor(s), do hereby authorize Keyport Bible Church ministry leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the provisions of RCW 18.71 Physicians, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

I understand that Keyport Bible Church will not be responsible for medical expenses incurred solely on the basis of this authorization.

Release of Keyport Bible Church

(I) (We), _____ (the undersigned parent(s)/guardian(s) name) shall indemnify, hold free and harmless, assume liability for, and defend the Keyport Bible Church and its agents, servants, employees, officers, and directors from any other sums which the Keyport Bible Church, on the basis of assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____

(*participant's name*) use of real or personal property belonging to the Keyport Bible Church and its agents, servants, employees, officers, and directors, or action or omission by _____ . (*participant s name*)

Parent/Guardian Information (Please Print)	
Name:	Cell Phone:
Daytime Phone:	Evening Phone:
Email:	Family Doctor:
Insurance Co.:	Family Doctor Phone:
Policy # / Group #:	If not insured, please check here: <input type="checkbox"/>
Participant's Known Medical Conditions:	
Medications:	
Allergies:	
Contact Lenses:	Last Tetanus Immunization:
Other need-to-know medical information:	
Emergency Contact:	Emergency Contact Phone:

Parent / Guardian (*signature*): _____

Date: _____