

IGNITE VBS

MEDICAL TREATMENT CONSENT & LIABILITY RELEASE

Tigard Church of God July 13-17, 2009 6:30 p.m. – 8:30 p.m.

15670 S.W. 98th Ave. , Tigard, OR 97224 503-639-4000

YOUTH'S PERSONAL INFORMATION: PLEASE PRINT AND FILL IN THE FOLLOWING BLANKS COMPLETELY. THANK YOU...

First/ Middle/ Last Name: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Youth's/Parents Cell Phone: _____ Birth Date: _____ Grade Entering in Fall: _____

Email address: _____

Emergency Contact Number: (Someone other than your immediate household)

Name: _____ Relationship: _____ Phone: _____

PERMISSION / DISCLAIMER:

I the undersigned parent/guardian of _____ give my permission for the above named child to attend all
(name of youth / child)

activities associated with and included in Ignite Ministries, (Vacation Bible School,) and do hereby authorize the adult sponsor of the Tigard Church of God or any responsible adult person, bearing this written authorization, into whose care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical, dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed medical doctor or dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person/guardian to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned deems advisable. This authorization shall include transportation to receive the medical or dental care.

FINANCIAL RESPONSIBILITY:

In the event of injury to my child/ward, I agree that I/we and my health care insurer shall be financially responsible for any and all medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any church related activity.

Please print the following - **Date:** _____ **Medical Insurance:** Yes No **Policy #:** _____

Parent/Guardian Name: _____ Insurance Co.: _____

Emergency Phone#: _____ Doctor's Name: _____

Doctor's Phone #: _____

•THIS MUST BE DATED AND SIGNED•

Parent/ Guardian print name: _____

Please sign: _____ Parent/Guardian Signature: _____

(This Medical Consent & Liability Release will remain in effect during the time of VBS or a minimum of 7 days.)