

MEDICAL CONSENT AND LIABILITY RELEASE FORM
TREASURE VALLEY BAPTIST CHURCH, INC.

1300 So. Teare Avenue
Meridian, Idaho 83642
Telephone (208) 888-4545

Activity:

Date:

Name of child: _____

Address _____

City _____ State _____ Zip _____ Age: _____ Date of Birth: _____

Parent/Guardian name(s): _____

Address of Parent(s)/Guardian(s): _____

Phone No. of Parent(s)/Guardian(s): _____ Cell# _____

Second Emergency Name: _____

Phone No: _____ Cell # _____

Allergies to Medication _____

Current Medications _____

Any medical conditions need to be aware of _____

The undersigned parent(s)/guardians(s) of the above minor-age child hereby gives consent to Treasure Valley Baptist Church, Inc ("TVBC"), and its agents, volunteers, and employees, etc., to act on my/our behalf in obtaining any medical treatment or care of any nature for said child and I/we authorize any medical person or entity to rely on this authorization. I/we agree to be solely liable and responsible for the costs of such treatment or care. I/we release TVBC, and its agents, volunteers, and employees, etc., from any liability of any nature whatsoever relating to the above activities. This release is full, complete, and absolute, except to the extent limited by Idaho law. I/we understand that this release and authorization is an absolute prerequisite to my/our child participating in this special activity and that it is retroactive to the first such participation even if signed later.

I/we give permission to have my/our child participate in all activities connected with this special activity until this permission is revoked in a writing actually delivered to TVBC.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date of signing: _____

THIS IS A LEGAL FORM. BE SURE TO READ AND UNDERSTAND THIS FORM BEFORE SIGNING IT.