Believers Fellowship Student Ministries
4112 Hunt St. NW Gig Harbor, WA 98335
(253) 851-9286

Parent/Guardian Consent and Hold Harmless Form –
Valid from July 2020 to September 2021

This consent/hold harmless form is to be filled out by the parents or legal guardian of each student. It will be taken on each off-campus activity that the student participates in. If any of the information changes during the year, please contact the church office. Please know that your child's involvement includes risk of injury as well as risk to exposure to disease/sickness. Please follow the guidelines for social activities that are recommended by your local authorities.

Name of Student:_____ Gender:_____ Birthday:____/____/____

Address:_____ Grade:_____

City:_____ State: _____ Zip:_____ Student phone: _____

Student email: _____ T-shirt size:_____

Parent/Guardian Name (Please print name):_____

Parent cell phone:_____ Parent email: _____

Secondary contact: _____ Secondary phone:_____

Family Doctor: _____ Phone:_____

Health History (including allergies and medications):_____

_____ Date of Last Tetanus _____

Health Insurance Provider:_____ Policy number:_____

Subscriber Name:_____ Subscriber ID:_____

Emergency Medical Treatment Consent

I,_____, am the parent or legal guardian of _____,
who was born on ____/____/____.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Dated:____/____/____ _____

Signature of Parent or Guardian

This Form was researched, drafted, and given with permission by the law firm of:
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