

Colfax Assembly of God Release & Medical Consent Form

I/We, the undersigned parent(s) / legal guardian(s) of

_____,
age _____, do hereby grant permission/give consent for him/her to attend and participate in
the event(s):

Nitro - Northwest Kid's Conference

on the date(s)

and to hold harmless and release Colfax Assembly of God, its agents, assigns, employees, and
volunteers from any

and all liability whatsoever arising out of injury, sickness, or damage which may be sustained by
my child during the

course of his/her participation in the above-stated event(s).

Dated this _____ day of _____ 200_.

Signature(s) of Parent(s) or Legal Guardian(s)

MEDICAL CONSENT AND INFORMATION

Child's Medical Insurance Provider

Policy Holder or Group #s

Any known allergies: _____

Any medications currently taking: _____

I/We, the undersigned parent(s)/legal guardian(s) of

do hereby authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be
performed or prescribed

by a physician to safeguard my/our child's health, and it is not advisable or feasible to take time to contact
me/us in advance. I/

We waive my/our right to informed consent for said treatment(s). I/We also understand that temporary
emergency measures

may be necessary to safeguard my child's health and do hereby authorize and request such
responders/volunteers to administer

such treatment and to do any procedure they deem necessary until such time as my/our child can be
safely transported to a doctor

or hospital.

Dated this _____ day of _____ 200_.

Signature of Parent(s) or Legal Guardian(s)

Parent/Guardian Contact Information: Home Phone: _____

Cell Phone: _____

Emergency Contact Information: _____

