



Keyport Bible Church

Medical Consent & Liability Release Form • AWANA, September 10, 2025- May 20, 2026

Please Complete All pages of the Form

Participant Information	
Name:	Date of Birth:
Medical Conditions:	
Medications:	
Allergies:	
Contact Lenses:	Last Tetanus Immunization:
Other need-to-know medical information:	
Emergency Contact:	Emergency Contact Phone:
In the event that parent cannot be reached, I authorize the following individual to act on my behalf.	
Alternate Non-Parent Contact:	Contact Phone:

Parent/Guardian Information (Please Print)		
Parent:	Phone:	
Parent:	Phone:	
Email:	Family Doctor:	
Insurance Co.:	Family Doctor Phone:	
Policy # / Group #:	If not insured, please check here: <input type="checkbox"/>	
Address:		
City:	State:	Zipcode:

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 (signature): _____

Date: _____

Food Permission

As part of the AWANA program snacks (food and/or beverage) may occasionally be provided. Permission is required for students to receive these snacks. Please provide the following:

I, the parents/guardian of _____

_____ will allow

_____ will not allow

my child to participate in snacks on occasion during the AWANA program. I hereby release and save harmless the institution, specifically Keyport Bible Church, their staff, and volunteers from any and all liability for any and all injury that may occur as a result of receiving and ingesting snacks during the AWANA program.

Food allergies or food limitations my child has:

Photo Release

Throughout the year, we capture various media of our youth during our events and meetings such as photography or video. At times, we like to use the media for promotion in our printed or electronic publicity sites such as Facebook, our website, slide shows, or church bulletins, in order to show the great things we are doing.

_____ Yes, I authorize you to use media taken of my child that will be used for various church related publications and church approved web pages.

_____ No, I do not authorize you to use media taken of my child that will be used for various church related publications and church approved web pages.

Parent / Guardian (signature): _____

Date: _____