

MEDICAL CONSENT AND LIABILITY RELEASE

TREASURE VALLEY BAPTIST SCHOOL (TVBS)

A MINISTRY OF TREASURE VALLEY BAPTIST CHURCH, INC.

Student Name: _____ Age: _____ Date of Birth: _____

Address: _____ / _____ / _____ / _____
Street City State Zip

Parents/Guardians:

Primary

Secondary

Name:	_____	_____
Address:	_____	_____
City:	_____	_____
State:	_____	_____
Zip:	_____	_____
Phone:	_____	_____
Alt Phone:	_____	_____
Email:	_____	_____

Allergies to Medications: _____

Current Medications: _____

All medical conditions to be aware of: _____

Physician's Name: _____ Phone #: _____

The undersigned parent(s)/guardian(s) of the above minor-age child hereby give(s) consent to Treasure Valley Baptist School ("TVBS"), 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 TVBS, 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 enrolling at TVBS and participating in any school activity, and that it is retroactive to the first such participation even if signed later.

I/we give permission to have my/our child attend TVBS and participate in all school activities, except as noted below, whether on or off the school premises, until this permission is revoked in a writing and delivered to TVBS.

I/we do not wish my/or child to participate in the following: _____

Signature of Parent or Legal Guardian

Date Signed

Signature of Parent or Legal Guardian

Date Signed

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