

**CONSENT FOR MEDICAL TREATMENT &
RELEASE AND HOLD HARMLESS FOR TRAVEL**
(please read and sign if you are 18 years old or older)

Name: _____
Today's date: _____
Birth date: _____/_____/_____

Which location (country) will you be traveling with Camano Chapel on a short-term missions team? _____

Unforeseen circumstances may occur resulting in my need for medical care and treatment, and further resulting in my inability to personally give consent for such care and treatment.

Therefore, I, _____, being of legal age, authorize Camano Chapel missions leadership, or any designated agent of Camano Chapel, to act on my behalf should I be unable to do so and to consent to all medical care and treatment, including but not limited to diagnostic test, x-ray, examination, anesthesia, surgery, or other procedures which Camano Chapel leadership deems necessary for my medical well-being for the duration of the mission. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific consent for medical treatment and care in my behalf. Any consent by designated Camano Chapel missions leadership shall have the same force and effect as if I had personally given the consent.

I hereby release Camano Chapel, its agents, servants, employees for any and all damages, liability or costs resulting from the authorizing of medical treatment on (my child/my) behalf under the terms of this consent. I further hold Camano Chapel harmless and agree to indemnify Camano Chapel of any and all costs, damages or expenses incurred by Camano Chapel as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of Camano Chapel and its agents, servants, employees or assigns even if such conduct is negligent.

I certify I have personal health insurance, including foreign countries, with no territorial limitation, for the providing of medical services to me, which will provide coverage for me during the duration of said mission. I understand that Camano Chapel provides no health coverage for me on this trip.

My Insurance Company: _____

My Policy # _____

My Insurance Company Phone Number: _____

Your Signature: _____

Today's Date: _____

NOTARY

State of Washington

County of Island ss

On this _____ day of _____, 20____, before me, (Notary Public), personally appeared _____, personally known by me to be the person whose name is subscribed to this instrument, and acknowledged that _____ executed it.

Witness my hand and official seal. _____

Residing in: _____

My Commission Expires: _____