

Kitsap Building Association
5251 Auto Center Way
Bremerton, WA 98312
Liability/Medical Release Form

Participant Name: _____ Birth Date: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Medical Information

Allergies or Medical Conditions (please be specific):

Current medications: _____

Relevant Medical History (please be specific):

Family Physician: _____ Phone: _____

Medical Insurance Provider: _____ Insurance #: _____

Incase of emergency, please contact:

Name: _____ Relationship to Participant: _____

Phone #1: _____ Phone #2: _____

Name: _____ Relationship to Participant: _____

Phone #1: _____ Phone #2: _____

I authorize all medical and surgical treatment, X ray, laboratory, anesthesia and other medical and/or hospital procedures as may be preformed or prescribed by the attending physician and or paramedics for my child and waive my right to informed consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in an emergency.

Parents Signature _____ Date _____

I release Kitsap Building Association and individuals from liability in case of accident during activities related to Trade in Motion Week, as long as normal safety procedures have been taken.

Parents Signature _____ Date _____