

Medical Release Form

I hereby give my consent for:

to be given medical treatment as may be deemed necessary by a physician in the even of injury, illness or accident. I understand Alaska Bible College will not be held responsible for any financial obligations incurred relating to medical treatment. I understand that an immediate attempt shall be made to contact persons at the home residence in the event that medical treatment is needed.

Signature

Date

Should be signed by a parent or guardian if visiting student is a minor, or by visiting student is over 18 years of age.

Please Note: If you have any special medical or food allergy needs contact us as soon as possible. 907-822-3201 Thank you!

Please Fax to: 907-822-5027