

**Rosedale Bible College**  
**Liability waiver and medical information**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

ID Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to guest \_\_\_\_\_ Phone \_\_\_\_\_

Current Medications (include as needed): \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

If I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies:

\_\_\_\_\_

**Section A: Emergency Medical Authorization**

In the event that I am incapacitated, I hereby give my consent for (1) administration of any treatment deemed necessary by a licensed physician or dentist; and (2) transfer to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in necessity for such surgery, are obtained before surgery is performed.

**Section B: Statement of Medical Liability Waiver**

Rosedale Bible College is not liable for costs resulting from accidents, injury or illness during involvement in RBC programs or related activities. That exemption applies both to direct costs for persons without a medical health or accident coverage plan, and to costs not covered in an active health plan.

I \_\_\_\_\_ agree to the above statements and confirm the written information is correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**ROSEDALE**  
BIBLE COLLEGE