Department of Corrections
WASHINGTON STATE

CONSENT TO MEDICAL TREATMENT AND WAIVER OF LIABILITY (VISITORS)

_____, being an authorized visitor under the Extended Family Visitor program or other authorized program of the Department of Corrections, being eighteen (18) years of age or older, do hereby give my consent and authorize a Department health care provider to provide emergency medical treatment/first aid, or other non-definitive primary care as may be necessary to prevent pain, suffering, or prevent imminent threat to my life, limb or on the following minor(s) as a result of an emergency situation.

I have the authority to make medical decisions for the minor(s) listed below:

Minor(s) name	Date of birth

I hereby do waive, relinquish, and release any and all claims, demands, or causes of action which may arise against the State of Washington, Department of Corrections, the attending health care provider and all officers, employees, and contract staff of the Department accruing directly as a result of each treatment, or as an indirect result of the administration of such medical treatment which, in the discretion of the health care provider, was reasonable necessary or advisable for dealing with an emergent health care problem.

I do hereby further state that I have read the foregoing consent to treatment and waiver of liability and understand the contents thereof, and that such consent to treatment and waiver of liability are given of my own free act and deed and not under any undue influence, threat, or coercion.

_____ _____
Consenting visitor signature Date

Subscribed and sworn to before me this _____ day of _____, 20__.

STATE OF _____)
) ss.
County of _____)

SEAL

_____
NOTARY PUBLIC Signature

Title: _____

Name: _____

My commission expires: _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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