



Carbondale Church of Christ

"a growing community"

(618) 457-5105

1805 W. Sycamore St, Carbondale, IL. 62901

www.carbondalecoc.com

Medical Release and Permission to Participate Form

Student Name _____ Age _____ Birth Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Parent/Guardian Work Number(s) _____ / _____

Parent/Guardian Cell Number(s) _____ / _____

To Whom it May Concern:

The undersigned does hereby give permission for our/my child, _____ to attend and participate in activities sponsored by Carbondale Church of Christ during the current calendar year.

We/I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office or said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Carbondale Church of Christ.

Physician's Name and Phone Number _____

Medical Insurance Yes ___ No ___ Insurance Co. _____

Policy and/or Group Numbers(s) _____

Please list any allergies, regular medications (prescription and non-prescription) or any other special medical concerns:

Youth Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____