Carbondale Church of Christ

1805 W. Sycamore St Carbondale, IL 62901 (618) 457-5105 www.carbondalecoc.org



2008 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)	/	
Γο Whom it May Concern:		
The undersigned does hereby give permission attend and participate in activities sponsored by		
We/I authorize an adult, in whose care the minexamination, anesthetic, medical, surgical or condered to the minor under the general or specific licensed under the provisions of the M mospital, whether such diagnosis or treatment mospital.	dental diagnosis or treat ecial supervision and on edical Practice Act on the	ment, and hospital care, to be the advice of any physician or he medical staff of a licensed
The undersigned shall be liable and agree(s) to such medical and dental services rendered to the	1 7 1	
Should it be necessary for our/my child to retuindersigned shall assume all transportation co		l reasons or otherwise, the
The undersigned does also hereby give permisory the adult in whose care the minor has been sponsored by Carbondale Church of Christ.		
Physician's Name and Phone Number		
Medical Insurance Yes No Insurance C		
Policy and/or Group Numbers(s) Please list any allergies, regular medications (medical concerns:	prescription and non-pr	escription) or any other special
Youth Signature		Date
Parent/Guardian Signature		
Parent/Guardian Signature		