

**Calumet Street Christian Church (CSCC)  
Medical Release and General Permission Form**

Event or activity: \_\_\_\_\_

1. Child's name: \_\_\_\_\_

2. Child's date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Phone #: \_\_\_\_\_

5. Alt. phone #: \_\_\_\_\_

6. Person to contact in case of emergency (name and phone):  
\_\_\_\_\_

7. Alternate person to contact (name and phone):  
\_\_\_\_\_

8. Medical insurance company & policy #:  
\_\_\_\_\_  
\_\_\_\_\_

9. Please list any allergies, health concerns, or other special circumstances regarding your child:  
\_\_\_\_\_

I hereby give permission for my child to participate in the named event or activity including, but not limited to, traveling in vehicles back and forth to the event location. In case of an emergency where medical treatment is required, I give permission to the CSCC staff to authorize any and all medical services and/or procedures, including surgery, if necessary, by a licensed physician. I also give permission to the staff of CSCC to administer first aid, if needed. I agree to be responsible for any and all charges for said treatment that are not covered by my insurance. The CSCC staff will attempt to notify the parent/legal guardian prior to the utilization of such services. I, the undersigned, agree to hold CSCC harmless against any claim of liability or loss for personal injury, property damage, or economic loss which may arise out of the aforementioned event or activity.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_