# The CCIW Regional Youth Council 2014 - 2016 Permission Slip & Health Form

**This specific permission slip and health form hereby covers the following RYC Events:**
**Leadership Retreat - Midwinter Retreats – Regional Assembly - Summit**
**All RYC Overnight & One Day Meetings - Mission Trips**

Check all that apply:

- ☐ I understand in the event of an emergency and medical treatment is needed; every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as needed.
- ☐ I understand *my* insurance will be used as primary coverage in the event medical treatment is needed.
- ☐ I consent to the use of any video images, photographs, audio recordings, or any other Visual or audio reproduction that may be taken of my child during the event to be used, distributed, or shown as the CCIW sees fit.
- ☐ I understand all reasonable safety precautions will be taken by the CCIW and its agents during the event and/or activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree *not* to hold the CCIW, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.
- ☐ I hereby give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in this event and/or activities sponsored by the CCIW

I have read the above information and I agree to its terms and conditions. Furthermore, should it be necessary for my child to return home due to medical, disciplinary, or otherwise, I hereby assume all transportation costs.

Youth Name: _____

Print Parent/Guardian's Name: _____

Emergency phone #'s:_____

Medical Insurance: Yes ☐ No ☐

Insurance Company: _____ Policy Number: _____

Physician Name: _____ Physician's phone: _____

List any allergies or medical conditions that may be relevant to a physician in the event of a medical emergency:

_____

Parent/Guardian Signature: _____ Date: _____

**CONTACT INFORMATION:**

**CCIW Regional Office**
**1011 N. Main St.**
**Bloomington, IL 61701**
**Phone (309) 828-6293** **Fax (309) 829-4612**
**Dr. Christal L. Williams** **Cell Phone (630) 291-7651**