# Christian Church Illinois & Wisconsin (CCIW)

## Permission and Release Form

*Current form must be on file at CCIW to transport youth, even if data is unchanged.*

I, _____, grant permission and do hereby release CCIW from liability involving my child, _____, when participating and accompanying the CCIW on activities such as transporting and swimming at the city pool in Effingham during the time they are at Camp Walter Scott in the summer of 2016.

I grant the Directors, Counselors and /or Regional Representatives of CCIW the right, if necessary, to provide for emergency medical treatment of my child should such a need arise.

Likewise, I release Christian Church Illinois & Wisconsin (CCIW), Directors, Counselors and Regional Representatives from liability in the event of any accident related to this event and hold them harmless from damages.

Signature of Parent/Legal Guardian Date

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|---|---|
| Child's Name | |
| Parent/Legal Guardian Name(s) | P/LG Home Phone # |
| Parent/Legal Guardian Address | P/LG Work/Cell Phone # |
| Emergency Contact Name | Emergency Contact Phone # |
| Medications / Health Issues / Allergies | |
| Doctor's Name | Doctor's Phone # |

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|---|---|
| | |
| Insurance Company Name | Group # |
| Insurance Phone # for Notification | ID # |
| Insurance Policy Main Name | Relationship to Child |

*6/2/16*