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 for the time period of Saturday, January 28, 2017 through Sunday, January 29, 2017. (CCIW Youth Midwinter Retreat 2017)

I grant the Sponsors, Ministers 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), sponsors 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

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 #

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