



Parent or Legal Guardian,

Please fill this form out completely and return it to me or the KCC Church Office. Until this completed form is turned in, your minor will be unable to attend or participate in scheduled KCC Youth events and activities. Each minor will need a separate form completed. If you have any questions or concerns, please reach out to me.

Thanks,
Ephraim Costilow
231-866-0095

KCC Youth: 2021-2022 MEDICAL RELEASE FORM

Minor's Full Name: _____

Home Address: _____

Date of Birth: ____/____/____ Phone Number: (____) _____ - _____

Emergency contact person(s): _____

Emergency contact phone number(s): _____

Insurance Company: _____ Policy #: _____

Please list any known medical allergies, medications currently being taken, existing medical problems, or other pertinent information:

I, _____ hereby consent for _____
(PRINTED NAME OF PARENT OR LEGAL GUARDIAN) (PRINTED NAME OF MINOR)

to attend and participate in scheduled events and activities by the Kalkaska Church of Christ for the year 2021 through the end of year 2022. I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the medical services (including anesthesia, emergency room services, ambulance services, and hospitalization) necessary for my child's wellbeing.

Signed, _____ Date: _____
(SIGNATURE OF PARENT OR LEGAL GUARDIAN)