

**Colorado Springs Chinese Language School**  
**2025 PERMISSION/MEDICAL RELEASE FORM**  
(One student per form)

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age now \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

**INSTRUCTIONS: Please type or print legibly in DARK INK. Underline the name you normally go by. Don't leave anything blank! We cannot assume that a blank space means "none" so if your answer in "none" or "not applicable" please write in "none" or "N/A". Forms with missing information will be returned to you.**

Person to Notify of Emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

In case of accident or special health needs, it will be necessary for us to have the following information.  
**DO NOT LEAVE ANY SPACES BLANK—See "instructions" above. A copy of your insurance card may also be attached.**

Health information (allergies, asthma, etc.) or special instructions (allergic to medications, rare blood type, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications you take frequently or on a regular basis (for asthma, allergies, head-aches, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_  
Plan or Group # Insured \_\_\_\_\_  
ID or MBR. # \_\_\_\_\_  
Insur. Co. Phone (\_\_\_\_) \_\_\_\_\_  
Insurance Co. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_  
Student's Social Security # \_\_\_\_\_  
\_\_\_\_\_

Will you be bringing these or any other medications with you?  
YES NO \_\_\_\_\_  
\_\_\_\_\_

**STUDENT MEDICAL AND SURGICAL WAIVER:**

**To be completed by parent(s) or legal guardians(s) of students under 18 years of age, OR student 18 or over must complete and sign this waiver themselves**

I, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is

presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend Pulpit Rock Church, Colorado International Language Academy (CILA), and Colorado Springs Chinese Language School (CSCLS) events and participate in ALL activities during the event.

I have listed above said minor's physical conditions or medical problems that may need attention, and all medications regularly used said minor. Failure to disclose medical information/condition may result in dismissal from Pulpit Rock Church, Colorado International Language Academy (CILA), and Colorado Springs Chinese Language School (CSCLS) youth events. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the Pulpit Rock Church, Colorado International Language Academy (CILA), and Colorado Springs Chinese Language School (CSCLS), its representatives, its sponsors, or any attending physician to make decisions and to perform such medical treatments, and or surgery, upon said minor, which may, in their sole discretion, be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harm to Pulpit Rock Church, Colorado International Language Academy (CILA), and Colorado Springs Chinese Language School (CSCLS), or its representatives, sponsors, or the camps, hotels/campuses where the youth events are being conducted, from any and all actions, damages, and liabilities arising out of the treatment of any sickness or accident incurred by my said child.

I also give authority and permission to Pulpit Rock Church security/patrol to inspect my child's room and belongings while attending Pulpit Rock Church, Colorado International Language Academy (CILA), and Colorado Springs Chinese Language School (CSCLS) events, for the safety and protection of all participants if unusual circumstances make such an inspection necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_