



Nebraska Christian Home Educators Association

MEDICAL PERMISSION SLIP

NCHEA Teen Conference

This form is valid for NCHEA's Teen Conference activities being held **April 10th and 11th, 2015**, at Indian Hills Community Church in Lincoln, Nebraska.

TEEN(S) REGISTERED

Please list below any allergies, current medications, physical limitations, or other conditions such as asthma, epilepsy, etc.

Child's Name _____

Medical Information _____

Child's Name _____

Medical Information _____

Child's Name _____

Medical Information _____

Child's Name _____

Medical Information _____

Child's Name _____

Medical Information _____

EMERGENCY PHONE NUMBERS

Parent/Guardian Name _____ Home Phone _____ Work _____ Cell _____

Other contact _____ Home Phone _____ Work _____ Cell _____

Medical Release

I give permission for each child listed above to participate in NCHEA Teen Conference activities April 10 and 11, 2015. I hereby release the Nebraska Christian Home Educators Association, Teen Conference, and its staff from responsibility and liability for any illness or injury the above-named person may sustain during the activity. I agree to release my child(ren) to any needed first aid in case of emergency until I am contacted for further instructions. I will not hold any activity personnel responsible if efforts to contact me (us) are unsuccessful.

Signature of parent/guardian

Date

Send to:

Registration Coordinator, Jean Bennett

2408 South 18th Street, Lincoln, NE 68502