



MEDICAL PERMISSION SLIP

NCHEA Kids Conference

This form is valid for NCHEA's Kids Conference activities being held **April 10th and 11th, 2015** at Capitol City Christian Church in Lincoln, Nebraska.

CHILDREN 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 Kids Conference activities April 10 and 11, 2015. I hereby release the Nebraska Christian Home Educators Association, Kids 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, Addie Ridge

516 Logan Street, Holdrege, NE 68949