



## MEDICAL PERMISSION SLIP

NCHEA Teen Conference

This form is valid for NCHEA's Teen Conference activities being held **April 27<sup>th</sup> and April 28<sup>th</sup>, 2018**, 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 27 and 28, 2018. 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 18<sup>th</sup> Street, Lincoln, NE 68502