



MEDICAL PERMISSION SLIP

NCHEA Kid's Conference

This form is valid for NCHEA's Kid's Conference activities being **April 4th and April 5th 2008**,
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 person to contact _____ Home Phone _____ Work _____ Cell _____

MEDICAL RELEASE

I give permission for *each child listed above* to participate in NCHEA Kid's Conference activities **April 4th and 5th, 2008**. I hereby release the Nebraska Christian Home Educator's Association, Kid's Conference, and its staff from responsibility and liability for any illness or injury the above-named persons 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 _____

