



Nebraska Christian Home Educators Association

MEDICAL PERMISSION SLIP

NCHEA Kids Conference & Teen Conference

This form is valid for the NCHEA's Kids & Teen Conferences / activities being held **March 6^h and 7th, 2020**, at Capitol City Christian Church and Indian Hills Community Church in Lincoln, Nebraska.

CHILDREN & 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 Kids Conference and/or Teen Conference activities March 6 and 7, 2020. I hereby release the Nebraska Christian Home Educators Association, Kids Conference, Teen Conference, and its volunteers 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

Kids Conference Send to:

Registration Coordinator, Tina Gould
1655 Harwood Street, Lincoln, NE 68502

Teen Conference Send to:

Registration Coordinator, Jean Bennett
2408 South 18th Street, Lincoln, NE 68502