



PERMISSION SLIP AND MEDICAL RELEASE FORM

*** ONE Form Per Student Please – Print Legibly ***

EVENT _____

STUDENT'S NAME _____ Date of Birth _____

Home Address _____ Home Phone _____

[EVENT] I, _____, the **parent/legal guardian** of the student above, give permission for my child to participate in the event, to include all sponsored activities therein.

[MEDIA] I also give permission to have my child's images/pictures taken and posted to social media as part of the group/event. [WATER BAPTISM] In the event of a water baptism (pool or ocean), I give additional permission for my child to voluntarily participate, unless noted below.

In the event of an emergency affecting the health or welfare of my child, the sponsors, leaders, or adult chaperones have my permission to administer first aid and/or transport my child to the nearest doctor or hospital for further medical attention, as deemed necessary. I further agree to be liable for and to pay for all costs incurred in connection with such medical attention.

I hereby release **NLKids/New Life Christian Fellowship**, it's employees, agents, and volunteers, from any and all liability, claims, demands, causes of action, and possible causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child while participating in or travelling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to any property, or properties visited, other's personal property, or vehicles used for transportation during this event. Should it be necessary for my child to return home due to medical reasons, behavioral issues, or otherwise, the undersigned shall come to the event city to get their child or assume all transportation costs.

Signature of Parent/Legal Guardian

Date Signed

Parent/Legal Guardian BEST Contact Phone(s)

Secondary Emergency Contact Name/Phone/Relation

ACTIVITY RESTRICTIONS

List any personal, medical, or physical restrictions to any of the event planned activities below:



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EVENT _____

STUDENT'S NAME _____ Date of Birth _____

Health Insurance Company _____ Policy # _____

Primary Care Dr/Practice _____ Phone # _____

Date of Last Tetanus Shot _____ (REQUIRED)

MEDICAL INFORMATION

List all medications your child may take during this event. This includes prescription and non-prescription medicine, herbal supplements, and/or vitamins. Any participant **under the age of 18** is required to give **ALL MEDICATIONS** to an adult/room leader, in their original containers, with complete dispensing instructions (frequency and dosages) BEFORE the start of the event. Children are not permitted to carry any medicines, or self-medicate (with the exception of Insulin and Epi Pens), and will be sent home.

Medicine Name	Dosage	Frequency	Treatment For
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Take 1 pill daily in AM with food</i>	<i>Seasonal allergies</i>

OVER-THE-COUNTER MEDICATION PERMISSION: Do you give permission for your child to be given over-the-counter medication as needed, and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit; such as minor headache, stomach ache, or allergic reactions (i.e., Tylenol, Advil, Benadryl, antacids) while participating in this event?

YES – I give permission for an adult leader to give my child over-the-counter medicine

NO – Contact me or get medical help if my child has any minor medical concern

Signature of Parent/Legal Guardian

Date Signed

MEDICAL CONDITIONS

Please answer in detail or with N/a. Attach additional pages if necessary.

1) List any medical conditions (asthma, diabetes, epilepsy, etc.): _____

2) List any allergies (drug/food/medicine/environmental), severity and type of reaction: _____

3) Please explain any other pertinent information about the child (i.e., physical, behavioral, or emotional) that would be important for the leaders to know: _____