

## 2024/25 NKCC Medical Release/Permission Waiver Form

This form is only good for **ONE YEAR, therefore, EVERY ONE MUST** turn in a new form each year. We, as the Reality Youth Group will keep this form on us in case there is an emergency or need of contact. PLEASE FILL OUT THIS ENTIRE FORM

STUDENT FULL NAME \_\_\_\_\_

BIRTHDATE \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_ GRADE IN 24/25 \_\_\_\_\_ SchoolAttends \_\_\_\_\_

ADDRESS, CITY, ZIP CODE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL # \_\_\_\_\_

Email Address: \_\_\_\_\_

MEDICAL INSURANCE AND ID NUMBER \_\_\_\_\_

**(Attach medical card if possible)**

ALLERGIES OR MEDICINES STUDENT IS ALLERGIC TO \_\_\_\_\_

STUDENT IS PRESENTLY TAKING THE FOLLOWING MEDICINES: \_\_\_\_\_.

**(List more on the back of this sheet)**

### **TRANSPORTATION:**

**PERMISSION TO RIDE SCHOOL VAN/BUS:** I hereby give permission for the above-named student to ride to ANY YOUTH EVENT on the school van/bus.

Date \_\_\_/\_\_\_/\_\_\_ Parent's Signature \_\_\_\_\_

**PERMISSION TO RIDE WITH ANOTHER PARENT:** I hereby give my permission for the above-named student to ride with another parent to OR from an event. The following are approved parents:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Parent's Signature \_\_\_\_\_

**PARENT'S STATEMENT:** I hereby give my consent for the above-named student to attend New Kent Christian youth events. I authorize the student to go with, and be supervised by, a representative of the NKCC on any trips or events. In case this student becomes ill or is injured, I authorize NKCC personnel to have the student treated and I authorize the medical agency to render treatment. I understand that school personnel will endeavor to reach me should the nature of the injury or illness warrant it. However, I will not hold NKCC personnel responsible if efforts to contact me are unsuccessful.

Date \_\_\_/\_\_\_/\_\_\_ Parent Signature \_\_\_\_\_