

2023/24 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 youth pastors/leaders 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 23/24 _____ School Attends _____

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 CHURCH VAN/BUS: I hereby give permission for the above-named student to ride to practices and home games 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. _____

Date ___/___/___ Parent's Signature _____

PERMISSION for STUDENT to DRIVE: I hereby give my permission for the above student to drive himself/herself to youth events.

Date ___/___/___ Parent's Signature _____

PARENT'S STATEMENT: I hereby give my consent for the above-named student to attend Youth Reality. 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 _____