

Medical Record/Permission Form Church of the Brethren District Conference

(Forms must accompany all field trips)



Name of Child _____ Age ____ M ____ F ____

Address _____ Date of Birth ____/____/____

City _____ State _____ Zip _____

Parent or Guardian _____

Cell phone numbers _____ Conference Housing Address _____

Medical Insurance Company _____ Policy No. _____

Family Doctor _____ Telephone _____

If parents are unavailable, contact:

1. _____ Telephone _____

2. _____ Telephone _____

Health Information Height _____ Weight _____

Any specific activities to be restricted while at Conference? _____

Name any specific concerns (i.e. hyperactivity, developmental disability, physical handicap, asthma, allergies, other)

Describe/list special care needs _____

My child takes the following medication(s) daily _____

Date of last tetanus booster shot ____/____/____ My child has current immunization and booster shots Yes ___ No ___

In case of a medical emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I give permission to the physician selected by the Conference personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above.

Signed by parent or guardian _____ Date ____/____/____

Liability Waiver

I, the undersigned, hereby release the Church of the Brethren, its staff, the District Conference personnel and any volunteer of District Conference program of any and all liability incurred to myself or any member of my family as a result of participation in any of the approved District Conference programs and activities.

Signed by parent or guardian _____ Date ____/____/____

Field Trip Permission. Some groups may go to the swimming pool, weather permitting.

My child/children has/have my permission to go on all field trips planned and accompanied by the Church of the Brethren District Conference age group coordinator and volunteers during conference.

Signed by parent or guardian _____ Date ____/____/____

Please return this form to Registrar Wylene Lengel by July 12

By mail or email: 1360 N. Walnut St., McPherson, KS 67460, wylene.lengel@gmail.com