

**Medical Record/Permission Form Western Plains Church of the Brethren "The Gathering"**

(Forms must accompany all field trips)

Name of Child \_\_\_\_\_ Age \_\_\_\_ M \_\_ F \_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

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, other)

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Describe/list special care needs \_\_\_\_\_

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My child takes the following medication(s) daily \_\_\_\_\_

Date of last tetanus booster shot \_\_\_\_/\_\_\_\_/\_\_\_\_

My child has current immunization and booster shots Yes \_\_ No \_\_

My child has Asthma Yes \_\_ No \_\_

Allergic reactions: Food \_\_ Sun Screen \_\_ Bee Sting \_\_ Penicillin \_\_ Food \_\_ Other \_\_

Details of any of the above or additional information \_\_\_\_\_

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*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 Gathering" 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 Gathering" personnel and any volunteer of "The Gathering" 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 "The Gathering" programs and activities at Webster Conference Center, 2017.*

Signed by parent or guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Field Trip Permission** (if applicable)

*My child/children has/have my permission to go on all field trips planned and accompanied by the Church of the Brethren "The Gathering" age group coordinator and volunteers from Friday, Oct. 27 through Sunday, Oct.29, 2017.*

Signed by parent or guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_