



ATTENDEE NAME: _____ PARENT NAME: _____

**NOAH NATIONAL CONFERENCE
PARTICIPANT AUTHORIZATION and MEDICAL INFORMATION FORM
UNDER AGE 18**

I understand and certify that my child's participation in NOAH Kids' Conference and its activities (on or off hotel premises) is completely voluntary and I have familiarized myself with the conference's program and activities in which my child will be participating. I acknowledge that, although NOAH Kids' Conference has taken safety measures to minimize the risk of injury to kids' conference participants, *the Kids' Conference cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents or injuries.* I recognize these inherent risks and understand that I have assumed these risks by enrolling my child. Furthermore, I have instructed my child in the importance of knowing and abiding by all NOAH rules, regulations (ie. activity attendance) and procedures for the safety of kids' conference participants, the requirement that attendees attend scheduled activities and remain supervised at all times, and my child has agreed to do so.

NOAH Kids' Conference is not responsible for articles of clothing or personal belongings said to be lost or damaged by theft, etc.

Note: Attendees must stay with the group for all activities outside of the hotel.

Permission to use the attendee's photo/video/comments in brochures, video tape, dvd's and/or other NOAH literature or advertisements (eg. website) is hereby granted.

The parent(s) or legal guardian hereby states that the attendee is in good, normal health and has no abnormal physical or mental handicaps unless otherwise indicated on health history.

Health History

(check -- giving approximate dates where indicated)

☐ Heart Trouble (explain) _____

(over)

☐ Blackouts/Convulsions (explain) _____

☐ Diabetes (Details of treatment and control)_____

☐ Asthma or Bronchitis _____

Other: _____

Allergies

☐Bee Sting ☐Food ☐Environmental ☐ Other (explain) _____

Type of reaction/severity:_____

Dietary Restrictions: _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted.

I have read this participant authorization form and agree to its terms and conditions. If this application is signed by one parent, I acknowledge that I am also acting as the agent of the other parent with the authority to enroll my child at NOAH Kids' Conference and to execute this agreement on his or her behalf. I recognize that NOAH Kids' Conference relies upon the representations made in this application in accepting this enrollment.

SIGNATURE OF
PARENT/GUARDIAN:_____DATE:_____

Emergency Authorization: I hereby give permission to the medical personnel selected by the children's program leader to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injections or anesthesia and/or surgery for my child as named above. I understand and agree that my child will abide by any restrictions placed on my program activities.

SIGNATURE OF
PARENT/GUARDIAN:_____DATE:_____

Bebops & Kool Kats Parent Contact Form

Name: _____

Age: _____ Nickname: _____

Parent/Guardian #1 in attendance: _____

Parent/ Guardian #1 Cell Phone: _____

Parent/Guardian #2 in attendance: _____

Parent/ Guardian #2 Cell Phone: _____



NOAH's 2018 National Conference Childcare Participation Authorization and Information Form

Child's Name: _____ Age: _____ DOB: _____

Parent Name: _____ Parent Cell Phone: _____

Tell us about your child's favorites:

Foods: _____ Colors: _____

Types of toys: _____

Playactivities: _____

Places to be: _____

Habits: _____

Tell us about your child's developmental milestones:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> creeps on hands and knees | <input type="checkbox"/> sits alone | <input type="checkbox"/> stands alone |
| <input type="checkbox"/> sleeps through the night | <input type="checkbox"/> walks | <input type="checkbox"/> names simple objects |
| <input type="checkbox"/> toilet trained | <input type="checkbox"/> dresses self | <input type="checkbox"/> undresses self |

Other

Please tell us about any fears, anxieties, or other issues that you'd like us to be aware of:

Health History

Does your child have any physical problems that NOAH volunteers should be aware of (food allergies, hearing) ☐ Yes ☐ No

If "yes" please explain what, cause and reaction _____

Other: _____

Please list any dietary restrictions:

I, _____, give permission for my child _____ to participate in the Bebop Daycare program at NOAH's 2018 National Conference in Kansas City, MO, July 12-15, 2018. The health history provided above is correct so far as I know. I further give my permission for NOAH volunteers during this conference to (please initial all that apply):

_____ Diapering: change my child's diaper every 2-3 hours, or as needed

_____ Toilet trained: supervise and aid in the wiping after a bowel movement

I have read and agree to the terms and conditions of this permission form.

SIGNATURE OF PARENT/GUARDIAN

DATE

All About Me

Name: _____

Nickname: _____

Siblings: _____

Parents: _____

Family/friends attending the conference: _____

Hometown/state: _____

Pets: _____

Other interesting facts about me: _____



Please attach one or more photos of your child here
or email as an attachment. (computer printout is fine)