

Kirksville Church of the Nazarene
Mailing Address:
2302 N Lincoln St
Kirksville, MO 63501

Phone Number:
660.665.6862
www.kvnazarene.org

Caravan Registration Form

Date: _____

Name: _____
 First Mi. Last

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Email:** _____

Age: _____ **Birthday:** _____ **Grade:** _____

Mother: _____ **Father:** _____

Siblings: _____

Emergency Contact: _____

Phone #: _____ **Relation:** _____

Hobbies/Talents: _____

Health Alerts: _____

I approve of the use of my child's photo to be used online or in media print: Yes
No

\$15.00 Registration fee paid:



Includes books, shirt, badges and trips.

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Emergency Medical Information Form

Caravan's Name: _____

Date of Birth: _____

Father's Name _____

Occupation: _____

Mother's Name _____

Occupation: _____

Address: _____

City: _____ Zip: _____

Phone # Home: _____ Work: _____ Cell/Beeper: _____

Family Doctor: _____ Phone # _____

Insurance Co. _____ Policy # _____

Address _____ Phone # _____

Persons (other than parents) to contact in case of an emergency

_____ Relation _____ Phone # _____

_____ Relation _____ Phone # _____

Does your child take any regular medications? Yes No If Yes, please list medication and direction.

Is your child allergic to any type of medication? Yes, No, If Yes, please list.

Has your child ever had an operation? Yes No If Yes, what kind of surgery?

Does your child have, has, or ever had any of the following? Please explain on back of sheet.

ADS	Yes	No	Heart Conditions	Yes	No
Asthma	Yes	No	Hemophilia	Yes	No
Allergies	Yes	No	Kidney Conditions	Yes	No
Broken Bones	Yes	No	Measles	Yes	No
Chicken Pox	Yes	No	Mumps	Yes	No
Color Blindness	Yes	No	Physical Handicaps	Yes	No
Diabetes	Yes	No	Respiratory Conditions	Yes	No
Hay Fever	Yes	No	Seizure Disorders	Yes	No
Food Allergies	Yes	No	Sleep Walking	Yes	No

Does your child get nervous or upset easily? Yes, No (Please explain on back of sheet)

May we give aspirin, Tylenol, or Advil for pain and/or fever? _____

What is the date of your Childs last physical exam? _____

What is the date of your Childs last tetanus shot? _____

Can your child swim? Yes No _____ How long has he been swimming? _____

What skill level are they in swimming? _____ Beginner _____ Intermediate _____ Advance

Is there any other information or medical conditions that might be useful for us to know?

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Medical Treatment Authorization

_____ has my permission to participate in a sanctioned activity of Kirksville Church of the Nazarene, Kirksville, Missouri, Caravan, provided they are properly supervised. Such activities would include field trips, campouts, ball games, and any other normal activities.

I (we), as Parent(s), understand that all the necessary precautions have been taken for the safety of my child and I will be notified in the case of an emergency. I (we), as Parent(s), authorize the calling of a doctor and the providing of medical services in the case of an accident, injury, or sickness. I (we), as Parent(s), understand that my personal insurance will be the primary insurance policy to be billed in the event of any medical treatment or evaluation and the Kirksville Church of the Nazarene will be billed as the secondary insurance policy. Any medical expenses incurred that insurance policies will not pay; they will be my responsibility as the parent/guardian.

I agree to Kirksville Church of the Nazarene in the event of any health changes that would restrict my child's participation in any of the normal activities of the group. I also understand that the Caravan Leader reserves the right to restrict my child from any activity that he does not feel is within the physical capabilities of my child.

Medical Information

Insurance Company: _____

Policy Number: _____

Doctor's Name: _____

List any special medical needs: _____

In case of emergency, contact:

Name: _____

Phone: _____

Signature of parent/guardian

Date

Subscribe and sworn to, before me this

_____ day of _____ 20_____

Signature of Notary Public

Date commission expires

This document is null and void on January 1 of the following year.

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Permission Slip

Child's Name: _____

Address: _____

City: _____ Zip: _____

Birthday ____/____/____ Phone ____ - ____

Emergency contact person: _____ Relation: _____

Phone: ____ - ____ Cell Phone: ____ - ____

I (we) grant permission for _____ to attend the Caravan event _____ on _____ from time _____ till date _____ at time _____. This event will take place at _____ in _____, Mo. I (we) understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the Caravan staff to secure medical services to provide the care necessary for my child's well-being.

I (we), as Parent(s), understand that the Caravan staff while strive to insure a wholesome, safe, and closely supervised environment for children in its care, cannot be liable for any unforeseen and/or unforeseeable accident or injury which may occur during the course of any Caravan activity.

Responsible leaders, persons and acting agents transporting on behalf of the Caravan Ministry of the Kirksville Church of the Nazarene, assume no personal liability in case of accident or sickness.

Signature of Parent/Guardian: _____ Date: _____

Please list any medical and food allergies, medications being taken, medical problems, or other pertinent information on the backside of this form.

All Caravan please meet at the church at time _____.

This Permission slip with must be returned or your child will not go.

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Contract of Agreement

Whereas, I have made the decision to come and participate in the Caravan Program of the Kirksville Church of the Nazarene,

Whereas, I agree to obey all rules dictated by the Caravan organization,

Whereas, I agree to obey my Leaders, parents and those in authority,

Whereas, I agree to wear my uniforms to all Caravan meetings and functions,

Whereas, I agree to do my best to complete all assignments on time as requested,

Whereas, I agree to conduct myself in a manner becoming to a Caravan,

Whereas, I agree to set a Proper Example for future Caravans,

Whereas, I agree to try my Utmost Best at All Times,

I, _____, do hereby affix my signature to this document, this _____ day of _____, 20 .

Signature _____

Parent _____

Parent _____