

**NEICSC JUNIOR FACULTY PERMISSION FORM**

I submit to the best of my knowledge that the applicant would be a good choice for junior faculty. They display the character needed for fulfilling such a role and I recommend them to you at this time.

\_\_\_\_\_ (Print Applicant’s Name) is an immersed believer who displays the character needed for fulfilling such a role and I recommend them to you at this time.

Signature of Minister or Elder: \_\_\_\_\_ Date: \_\_\_\_\_

Church Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Grade Applicant will be Week(s) you would like to work: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

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

1. Is worker in good health? If “NO”, explain \_\_\_\_\_

2. Does worker have any allergies? If “Yes” explain \_\_\_\_\_

3. Does worker have any of the following, please check all that apply:

Diabetes\_\_\_\_\_ Epilepsy\_\_\_\_\_ Heart Disease\_\_\_\_\_ Asthma\_\_\_\_\_

4. Date of last Tetanus Booster \_\_\_\_\_mm \_\_\_\_\_dd \_\_\_\_\_yy

5. Permission to give Tylenol? \_\_\_\_\_

6. Is Worker permitted to participate in sports or games? \_\_\_\_\_

7. Does worker take any medications, prescriptions, or otherwise? \_\_\_\_\_

If “Yes” all medications are to be given to the nurse.

8. Has worker been exposed to any contagious diseases in the past two weeks? \_ If “Yes”, what?

9. Does worker have any rash or open sores? \_\_\_\_\_

If “yes”, where? \_\_\_\_\_

10. In the event of an emergency where medical treatment is required, I GIVE MY PERMISSION TO NORTHEAST IOWA CHRISTIAN SERVICE CAMP staff or church youth sponsor to authorize any and all medical services and/or procedures, including surgery, if necessary, from a licensed physician. Northeast Iowa Christian Service Camp will attempt to notify the parent or legal guardian prior to the utilization of such services.

I ALSO GIVE MY PERMISSION FOR MY CHILD TO TRAVEL OFF CAMP in an authorized and insured vehicle of the NEICSC or camp staff/faculty or participating church or organization.

I AUTHORIZE photos or videos to be taken of my camper for promotional purposes and may be uploaded to the internet.

I, THE UNDERSIGNED, agree to hold Northeast Iowa Christian Service Camp harmless against any claim of liability or loss for personal injury, property damage, or economic loss which may arise as a result of the applicant’s participation in the activities of Northeast Iowa Christian Service Camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date