

Nexus Medical & Participation Waiver Accuracy Acknowledgment

I acknowledge that the information on my child's/children's current medical and participation waivers is accurate. I understand that if any information changes, I need to notify Venessa Morris, Student Ministry Coordinator, at vmorris@efccl.org as soon as possible.

Student name/s:

Parent signature:

Date:

Parent printed name:

Received by:

Date: