

PERMISSION SLIP/MEDICAL RELEASE FORM

(Name) _____ has my permission to attend

(Event) _____ on (Date) _____.

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Person to Notify in case of Emergency _____

Phone: _____

In the event of an emergency where medical treatment is required, I give my permission to the Good News Baptist Church staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

(Parent/Guardian) _____ Date: _____

Comments or medical information: _____

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