Permission Slip

Student: _____

Phone number: _____

Emergency number: _____

I give my permission for my child to participate in the Word of Life REVERB. In the event that my child would need emergency medical treatment, I give permission for the adults in charge of the group to secure the necessary treatment to protect the life and health of my child. I understand that I will be contacted before any medical treatment has begun except where a delay in treatment would not be in the best interest of my child.

Special medical information that should be noted:

_____

_____

_____

Parent/Guardian Signature: _____

Date: _____

Permission Slip

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