

- Portland, ME 10/20/06
- Providence RI 11/10/06
- Portland, ME 11/3/06
- Springfield, MA 11/17/06

Permission Slip

Student: _____

Phone number: _____

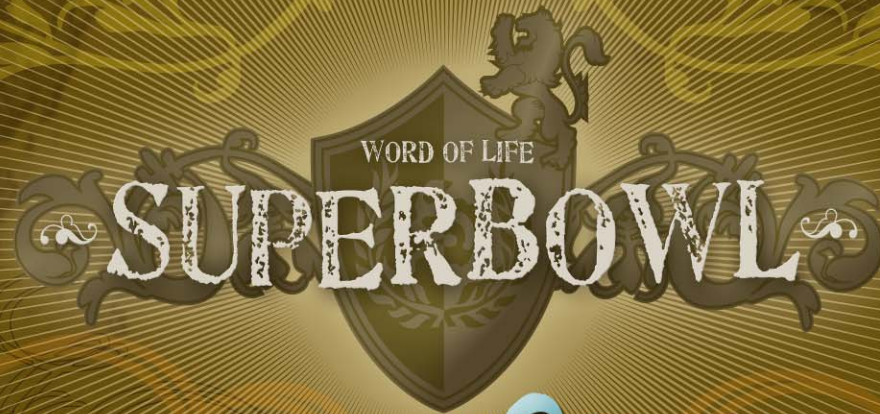
Emergency Number: _____

I give my permission for my child to participate in the Word of Life SuperBowl. 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 is 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: _____



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