

45 Degrees Permission Slip

Please read this slip carefully, fill out completely, sign and return by day of activity. Your child / children **MUST** have a signed permission slip in order to attend. Thank you.

CHILD's NAME: _____ D.O.B.: _____

ADDRESS: _____

I, _____ as parent / guardian of the above named child, give him / her permission to participate in the activities of the 45 Degrees 2018 Spring Retreat. I release the church and its representatives from any liability in the event of an accident enroute, during, or returning from an activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

SIGNED: _____ DATE: _____
Parent / Guardian

Parent / Guardian: _____
Please Print

Primary Phone Number: _____

Secondary Phone Number: _____

Are there any specific medications or special medical needs that we should be aware of for your child? If so please fill out the back of this form, in detail, so that we can make sure their needs are taken care of. Thank you.

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Special Medical Needs:

Please List Any Medication that your child may need to take this weekend as well as give us the instructions for how and when the medication should be taken. Thank you.

Medication: _____

Needs to be taken at: _____

Specific Instructions for Medication:

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