

WORD OF LIFE SLIPPER BOWL

- Manchester, NH -Oct. 29 Providence, RI-Nov. 12
 Portland, ME—Nov. 5 Springfield, MA- Nov. 19

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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