

February 16-17, 2007 Lock-In Permission Slip

Child's Name: _____

Allergy/Medical requirements: _____

Address: _____

City: _____

Zip Code: _____

Emergency Contact Info:

I hereby give permission for the above named child to receive any emergency medical treatment as necessary.

Guardian: _____

Address: _____

Signed: _____

Zip Code: _____

Date: _____

Phone #: _____

(Final numbers Due Wednesday, February 14)

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