

Transportation Travel Permission Slip

I, _____, Parent/Guardian, freely give my permission for my daughter, _____ to travel in a vehicle as approved by the Executive Bethel Guardian Council, The Executive Grand Bethel Council, and/or the Executive Grand Guardian Council, for Job's Daughters functions. This permission slip is for the years _____ - _____.

Medical Release

I, _____, Parent/Guardian, freely give my permission for my daughter _____, to receive emergency Medical Treatment as needed for the years _____ - _____.

Signed by Parent/Guardian: _____

Phone Number (_____) _____ - _____

Address: _____

Insurance Company and Policy Number _____

List of ALL medications, allergies and significant medical history:

Notarization: Date _____ By _____

My commission expires _____