

TRANSPORTATION TRAVEL PERMISSION SLIP

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

MEDICAL RELEASE

I, _____, Parent/Guardian, freely give my permission for my daughter _____, to receive medical treatment as needed for the years _____ through _____.

Signed by: _____ Dated _____
Parent/Guardian

Phone number (____) _____ - _____

Address: _____

Insurance Company & Policy Number: _____

List all medications, allergies, and significant medical history: _____

NOTARIZED BY: _____ Dated _____

My commission expires: _____