



Lock-In Permission Slip

Girls Name: _____ Age: _____ Birthdate: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone #: _____ - _____ - _____ Cell #: _____ - _____ - _____

Non Parental Emergency Contact: _____ Relationship to Child: _____

Phone #: _____ - _____ - _____

Allergies/Special Medical Concerns: _____

Family Physician & Phone #: _____

Insurance Carrier & Group/Plan: _____

As the Parent/Guardian of _____, I hereby give my permission for her to participate in the PCF, GEMS overnight Lock-In and all activities occurring during that this event. By signing below, I authorize the persons in charge to seek medical attention for the minor listed above and consent to any medical procedure deemed necessary while said minor is entrusted to his/her care.

X Print _____ X Sign: _____ Date: _____/_____/2017



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