

Otsego Church of God Student Permission Slip

I give permission for my son/daughter _____ to participate
(name)

In an activity with his/her group leader _____
(name)

on _____. I understand that this is **not** an official Otsego Church of God Student Ministry sponsored
(date)

activity. The leader has my permission to authorize the immediate medical treatment needed for my child in the event of injury.

Signatures of parent/guardian Date
(if participant is under 18 years of age)

(please print name) Phone where you can be reached during event

Please provide the following information:

Medical insurance _____ Policy or contact # _____

Doctor _____ Doctor's phone _____

Hospital preference _____

I give my permission for my son/daughter _____ to participate
(name)

In an activity with his/her small group leader _____
(name)

on _____. I understand that this is **not** an official Otsego Church of God Student Ministry sponsored
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