

**Fenton Nazarene
Youth Ministry
Medical/Permission Slip**

Youth _____ Birthday _____ Age ____ Grade _____
Address _____
Phone _____ Emergency Phone _____
Insurance Company _____ Policy # _____
Activity Attending _____ Date of Activity _____

I give permission to the youth staff of Fenton Nazarene to transport my child to and from the event. Also, to act on my behalf in case of a medical emergency, if I can not be reached.

Signature _____ Date _____

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