

# MEDICAL PERMISSION SLIP

## ICN GRLZ CLUB



**In case of an emergency, I give permission for my child to receive medical treatment.**

**Child Name:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

**Please list any food allergies:** \_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name of Parent**