

2021 FRONTIER FOCUS Release

Parental Permission Slip

I _____ parent of _____

grant my permission for their attendance and participation in Frontier Focus from September 23rd-25th, 2021. In the event of a medical situation/emergency, I grant authority to the Dean of Men or Dean of Women at Frontier School of the Bible, to make decisions regarding treatment should I be unavailable for granting such permission.

My child has the following allergies:

_____ None

Insurance Information:

Company: _____

Policy #: _____

Phone #: _____

Parental Signature: _____

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Permission to Use Photograph and/or Video:

I grant to Frontier School of the Bible, the right to take photographs or video of me while I am attending Frontier Focus at FSB. I authorize FSB, its assigns and transferees to copyright, use and publish the same in print, video and/or electronically now and at any future date.

I agree that FSB may use such photographs or video of me with or without my name and for any lawful purpose, including for example such purposes as school promotional videos, school publications and web content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Grade _____ Age _____

Date _____