

FRONTIER FOCUS

Frontier School of the Bible

Parental Permission Slip

My child _____ (*child's name*) has my permission to attend and participate in Frontier Focus from Thursday, September 22 through Saturday, September 24, 2022, at Frontier School of the Bible. In the event of a medical situation/emergency, if I am unable to be reached, I grant authority in decision making regarding my child's treatment to the deans' department at Frontier School of the Bible. I understand that I will be responsible for any medical charges that may be incurred.

My child/ren has the following allergies:

None

List allergies here:

Insurance Information:

Company: _____ Policy #: _____

Insurance Company Phone: _____

Parent's Phone Number: _____

Parent's Printed Name: _____ Date: _____

Parent's Signature: _____