

**MUST BE SIGNED AND RETURNED BEFORE ATTENDING FIRST EVENT WITH GLF
(1st event Sunday, August 25) - Need more copies please print off the GLF website**

GRACE LIFE FELLOWSHIP, BATON ROUGE, LA

Permission and Medical Release Form

(August 2013 - August 2014)

Student's NAME _____

Address _____

City/State _____ Zip Code _____

Age _____ Birthdate _____ Grade(2013-'14) _____ Parent's Phone # _____

School _____ Parent's email _____

I give permission for the above person to attend event sponsored by GLF BATON ROUGE during the 2013 and 2014

AND

I also give permission for medical treatment to be administered as needed if I cannot be reached in an emergency. (parent/guardian) signature _____).

If applicable, I am listing medical problems, medications, and/or allergies:

Allergies, Medical conditions, medications _____

Signature of parent or guardian _____

Signature of participant _____

Name of Insurance Company _____

Medical Ins. Policy No. _____

Emergency Phone No. (another # than listed above _____)

**PLEASE CALL EMILY SOULE 769.8844 FOR MORE
INFORMATION and QUESTIONS**

Please return and fill out this permission form for EVERY participant.

GRACE LIFE FELLOWSHIP
10051 SIEGEN LANE
BATON ROUGE, LA 70810

