



Salem Tabernacle

7 Delavan Avenue
Beacon, NY 12508
(845) 831-0114

PERMISSION SLIP & MEDICAL RELEASE FORM

I, _____ hereby grant permission for my son/daughter _____
to attend the Advance Event/Outing on _____. I also release Anthony Fragomeni to
authorize emergency medical treatment for my child, _____ while he/she is
attending the Advance Event/Outing on _____ should it be necessary.

(Parent Signature)

(Date)

* * * *

INSURANCE INFORMATION:

Insurance Company _____

Insurance Policy # _____

PARENT CONTACT INFO:

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Phone #: _____