

# 2011 WORD OF LIFE SUPERBOWL PERMISSION SLIP

Student: \_\_\_\_\_

Parent/Guardian Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Other Emergency Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

I give my permission for my child to participate in the Word of Life Superbowl. In the event that my child would need emergency medical treatment, I give permission for the adults in charge of the group to secure the necessary treatment to protect the life and health of my child. I understand that I will be contacted before any medical treatment is begun except where a delay in treatment would not be in the best interest of my child.

**Special Medical information that should be noted:**

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\_\_\_\_\_  
*Parent/Guardian Signature*

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

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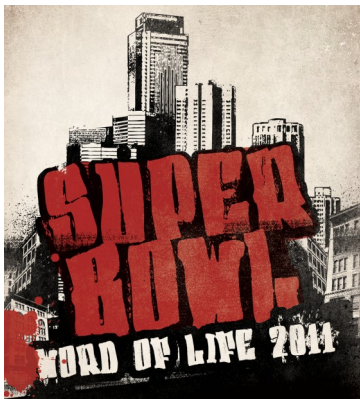
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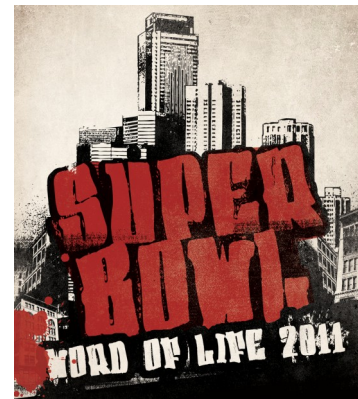
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*Parent/Guardian Signature*

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*Date*



**Word of Life  
Superbowl**  
Times Union Center  
Albany, NY  
Nov 4, 2011  
<http://albany.superbowl.wol.org/>



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