

INTERNATIONAL ORDER OF JOB'S DAUGHTERS
BETHEL NO. 337, ORANGE

Permission Slip

I give permission for my daughter, _____, to attend activities with Bethel No. 337, Orange, of the International Order of Job's Daughters.

My daughter has the following medical conditions (i.e., medical and food allergies):

Primary Physician: _____

Phone Number: _____

Medical Insurance Co: _____

Group/Policy No: _____

Date of last tetanus shot: _____

In case of emergency, please contact:

Name: _____

Phone number: _____ Relationship: _____

Name: _____

Phone number: _____ Relationship: _____

Parents' names: _____

Address: _____

Phone numbers: Home: _____ Work: _____

Cell numbers: _____

Parent's Signature _____ Date: _____