

Emergency Permission Slip

I/We _____,
give Laura and Owen Sale permission to have treatment done
in case of an emergency to our child _____.

My child's insurance (a copy, front and back, of the insurance
card) is attached to this form.

My child's Social Security Number is _____

Parent's Address _____

Phone Number _____

Is your child allergic to any medications? _____

Parent's Signature _____ Date _____