



Grace Baptist Christian School

232 South Townline Road

P.O. Box 177

Gaylord, MI. 49734

Phone: (989) 732-5676 ext. 102

Yearly Permission Slip 2018-2019

I give permission for my son/daughter _____ to attend any off campus activity for the 2018-2019 school year (*gym class, sporting events, school picnic, fundraising, and field trips*).

Parent Signature

Date

I give Grace Baptist Christian School permission to give my child the following medications as needed:

_____ Tylenol _____ Advil _____ Ibuprofen _____ Motrin
_____ Pepto Bismal _____ Cold Medicine _____ Other: _____

Parent Signature

Date

I give Grace Baptist Christian School permission to have my child medically treated in case of a medical emergency. I will not hold Grace Baptist Christian School legally responsible in the event of injury.

Parent Signature

Date

In case of an emergency, I can be reached at : _____

Medical Restrictions: _____

Medications: _____

Parent Comments: _____

