



SHIAWASSEE

— COMMUNITY FOUNDATION —

**217 N. Washington Street, Suite 104
Owosso, MI 48867
(989) 725-1093**

Youth Advisory Council Off-Site Permission Slip

In case of emergency, I grant consent to: _____

to authorize medical care for my minor child/children:

Our family doctor is: _____

The hospital we use is: _____

Allergies: _____

Contact me immediately at: _____

Alternative contact name and number: _____

Signature _____

Name _____

Address _____

Phone _____

Date _____