



FRONTIER  
SCHOOL OF THE BIBLE

**2019 FRONTIER FOCUS MEDICAL RELEASE  
PARENTAL PERMISSION**

I, \_\_\_\_\_, the parent of \_\_\_\_\_, grant my permission for their attendance and participation in Frontier Focus from September 26–28, 2019. In the event of a medical situation/emergency, I grant authority to the Dean of Men or Dean of Women at Frontier School of the Bible, to make decisions regarding treatment should I be unavailable for granting such permission.

**ALLERGY INFORMATION**

ALLERGIES: \_\_\_\_\_

FOOD  
SENSITIVITIES: \_\_\_\_\_

**INSURANCE INFORMATION**

COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

CELL PHONE \_\_\_\_\_