



The Awakening

Sleeper Permission Slip & Medical Information

SLEEPER INFORMATION:

Sleeper's name: _____ Sponsor's Name: _____

Sleeper's Address: _____ City: _____ State: _____ Zip: _____

Sleeper's Home phone: _____ Sleeper's DOB: ___/___/___

Mother: _____ Father: _____

Home phone: _____ Home phone: _____

Cell phone: _____ Cell phone: _____

Emergency Name if unable to contact parent: _____

Emergency phone number: _____

MEDICAL INFORMATION:

Allergies: (to medications, bug bites, foods, etc.)

Presently taking what Presently taking medication(s) _____

Time(s) of day to be taken: _____

Insurance carrier name: _____

Group number: _____ Acct # _____

Medical facility patient to be taken to if an emergency:

We shall make every attempt to contact the parent(s) or sponsors or others listed above, if an emergency would arise.

I, _____ give my permission for my son/daughter (circle one), _____, to participate in the Awakening weekend. I also give permission to the director(s) of the Bryan Awakening Community, to seek medical attention for my son/daughter if deemed necessary. In the event of an emergency, I will be notified as soon as possible at the phone number(s) listed above.

Parent(s) signature

Sleeper's signature

Date