



A Quiet
Simple Life
Sallie Borrink

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Website: SallieBorrink.com

Shop: SallieBorrink.com/shop

Pinterest Boards: pinterest.com/sallieborrink

Graphics Credits

Clip Art: Rebecca Powell Designs

Emergency Permission

Child Full Name _____

Date of Birth _____ Age _____ Height _____ Weight _____

Medical Conditions _____

Medication _____

Allergies _____

Special Food Needs _____

Routines _____

Bedtime _____

Loveys, Fears, Quirks, etc. _____

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I grant permission for _____ licensed physician, dentist, or hospital to give necessary emergency medical service to my child _____ at the request of the person bearing this form with note to the allergies, medications and other _____ listed.

Sign _____
(Parent/Guardian)

Print _____
(Parent/Guardian)

Sample

Sample

Sample

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