



## Permission Slip and Medical Release Form

I, the legal parent/guardian of \_\_\_\_\_ do hereby

(Print Student/Childs Name Here)

authorize **Southwest Christian Church** as agents to consent to any medical procedure advisable by a physician licensed under the Medical Practice Act. I understand that Southwest Christian Church and the parties representing it cannot be held responsible for any injury that may occur during the time my child is in their care. If your child has a discipline problem that we cannot solve through verbal communication, we will ask the parent/guardian to pick up the student and he/she will not be allowed to participate in the event.

Event \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ 2<sup>nd</sup> Emergency # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies or Special Instructions \_\_\_\_\_