



Permission Slip & Medical Release Form

I, the legal parent/guardian of _____ do hereby

(Print Student 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 or illness that may be transmitted during the time my child is in their care. I assume these risks.

If my child has a disciplinary issue that cannot be solved through verbal communication, I understand that I will be asked to pick my child up from the event and he/she will not be allowed to participate any longer.

Event _____ Date _____

Parent Name _____ Parent Signature _____

Insurance Carrier _____ Policy # _____

Emergency # (_____) _____ - _____ 2nd Emergency # (_____) _____ - _____

Current Medications _____

Allergies or Special Instructions _____