

**Permission Slip/Medical Release Form  
For Southwest Christian Church**

I, the legal parent/guardian of \_\_\_\_\_ do hereby authorize Southwest Christian Church as agents to consent to any medical procedure advisable by a physician licensed under the Medical Practice Act. I do also give my permission and do authorize the adult leaders to handle any discipline that is deemed necessary. I understand that Southwest Christian Church and the parties representing it cannot be held responsible for any injuries that may occur during the time my child is in their care.

Event \_\_\_\_\_ Date (s) \_\_\_\_\_

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

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

Emergency # ( ) \_\_\_\_\_ 2nd Emergency # ( ) \_\_\_\_\_

Allergies or special instructions \_\_\_\_\_

\_\_\_\_\_

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