

Southwinds Student Ministries Permission Slip

I give my child _____ permission to take part in all summer activities for 2011. In the event that he or she is injured while participating, I do hereby authorize and consent to any medical diagnosis rendered under general supervision of any licensed medical staff member under the provisions of the Medicine Practice Act. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the afore mentioned physician, in his or her best judgement, may deem advisable. It is understood that effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. I understand the nature of this event and do hereby release Southwinds Church, or any of it's representatives, from any liability for accidents or injury sustained by my child in conjunction with this event.

✓ _____

Signature of Parent/Guardian

Print Name

Date

Students full Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Grade: _____

In Case of Emergency, Notify:

Name: _____ Phone: _____

Special Needs or allergies: _____ Medications: _____

Family Doctor: _____ Phone: _____



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