

Permission Slip & Medical Authorization
Girls Embracing Mission Service
(Teen LWML)
LWML Texas District

My child, named below on this form, has permission to take part in LWML activities under proper supervision. I understand that attempts will be made to contact me if my child requires emergency medical/surgical treatment, but if it is impractical to do so and/or until I can arrive at the scene, I hereby give my permission to the physician selected, to secure proper treatment as deemed appropriate by such physician for my child as named below. I have the authority to sign this form for my child.

(Printed Minor's Name)

(Age)

List Child's Health Conditions/Allergies/etc.

List Child's Current Medications

(Printed Name of Parent or Guardian)

(Signature of Parent or Guardian)

(Date)

Emergency Contact Name and Phone Number
