

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

Photo Waiver
Girls Embracing Mission Service
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PARTICIPANT PHOTOGRAPH RELEASE FORM
LUTHERAN WOMEN'S MISSIONARY LEAGUE (LWML) Texas District
(children with same parent/guardian may be listed on one form)

Please print child's name _____

Since the LWML will be taking pictures and may be videotaping gathering proceedings and activities, my signature below gives the LWML permission to use my child's image and comments in educational, informational, and promotional materials in a variety of media, including electronic media, and for recognition purposes.

Signature of Parent or Legal Guardian *Printed Name of Parent or Legal Guardian*

Address *City* *State* *ZIP Code*

Phone Number *Email*

Date

*Note: Parents or legal guardians of all children under the age of 18 years must complete this form.
It is to be retained in the files of the group's sponsor (mentor).*

