

**Parental Permission/Release**

In consideration for my child being allowed to participate with SouthWoods Christian Church, I agree to hold harmless and release SouthWoods Christian Church, it's paid staff, volunteer leaders and designated drivers from liability for any fault, mistake, negligence, or omission causing damage, loss, injury, or death to my child arising from my child's attendance and participation, including any damage, loss, injury, or death arising from the provision of emergency medical treatment.

**Authorization of Consent to Treatment of Minor**

I, the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby authorize Cody Shepherd or another adult youth leader of SouthWoods Christian Church, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. I understand that in the event medical intervention is needed every attempt will be made to contact the person(s) above as soon as possible.

\_\_\_\_\_  
Signature of Parent/Guardian

Event giving permission for: \_\_\_\_\_

Date: \_\_\_\_\_

(For trips outside of Kansas City metro area it is encouraged you complete our full student medical release form if you have not already done so in the current calendar year.)

**Parental Permission/Release**

In consideration for my child being allowed to participate with SouthWoods Christian Church, I agree to hold harmless and release SouthWoods Christian Church, it's paid staff, volunteer leaders and designated drivers from liability for any fault, mistake, negligence, or omission causing damage, loss, injury, or death to my child arising from my child's attendance and participation, including any damage, loss, injury, or death arising from the provision of emergency medical treatment.

**Authorization of Consent to Treatment of Minor**

I, the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby authorize Cody Shepherd or another adult youth leader of SouthWoods Christian Church, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. I understand that in the event medical intervention is needed every attempt will be made to contact the person(s) above as soon as possible.

\_\_\_\_\_  
Signature of Parent/Guardian

Event giving permission for: \_\_\_\_\_

Date: \_\_\_\_\_

(For trips outside of Kansas City metro area it is encouraged you complete our full student medical release form if you have not already done so in the current calendar year.)