

**NORTHERN WAKE NATIONAL HOME SCHOOL HONOR SOCIETY
PERMISSION SLIP AND MEDICAL RELEASE
2021-2022 School Year**

****To be completed by parents/legal guardians****

I, _____, parent and/or legal guardian of _____, hereby acknowledge that said child is under my care, custody, and control. I hereby give my expressed permission for him/her to attend and participate in all Northern Wake National Home School Honor Society (NWNHSHS) functions.

___ (initial) NWNHSHS has my permission to use any photographs taken of my family/children at NWNHSHS events or on the NWNHSHS website, or on any printed NWNHSHS publication. To help protect my privacy, NWNHSHS will not post any names of children/adults next to published photographs without permission of a parent or guardian.

___ (initial) In the event of an emergency necessitating medical attention, I hereby consent and give my permission to the Northern Wake National Home School Honor Society advisors or their representatives, and any attending physicians, to make such decisions and to perform such medical treatments and/or surgery upon said child which may in their sole discretion be necessary and proper under the circumstance.

___ (initial) I so release, acquit, and forever discharge the NWNHSHS advisors and adult chaperones from any and all actions, claims, damages, liabilities, costs, or expenses of any kind growing out of or relating to activities of the program. I acknowledge that this is a full and complete release for all injuries and damages that the above child may sustain as a result of participating in the program.

Parent/Guardian Name	Parent/Guardian Signature	Date
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Address

Parent Home Phone	Parent Cell Phone
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Medical Insurance Carrier	Policy Number	Member Services	Phone
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Physician Name and Phone Number	Date of Last Tetanus Shot
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Current Medications

Food/Drink Allergies or Physical Limitations

Emergency Contact Name and Phone, if parent cannot be reached (required)