

**NORTHERN WAKE NATIONAL HOME SCHOOL HONOR SOCIETY  
PERMISSION SLIP AND MEDICAL RELEASE  
2022-2023 School Year  
\*\*To be completed by parents/legal guardians\*\***

I, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_, hereby acknowledged 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.

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**Parent/Guardian Name**

**Parent/Guardian Signature**

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**Address**

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**Parent Home Phone**

**Parent Cell Phone**

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**Medical Insurance Carrier**

**Policy Number**

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**Physician Name and Phone Number**

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**Known Allergies**

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**Emergency Contact Name and Phone (Other than parent)**