

**Holly Spring Friends Meeting  
Permission Slip & Release of Liability**

I, \_\_\_\_\_, give permission for my  
(parent or legal guardian)

son/daughter \_\_\_\_\_ to participate in the  
(names of all children participating)

\_\_\_\_\_ sponsored by Holly Spring  
(event)

Friends Meeting on \_\_\_\_\_.  
(date of event)

I hereby release Holly Spring Friends Meeting and any and all adult sponsors or church staff from any liability in the event of an accident in route, during, and returning from the sponsored event. Should emergency medical treatment be necessary, I authorize Jennifer York, Youth Director of Holly Spring Friends Meeting, or any other adult chaperone of the event to act on my behalf and approve appropriate treatment. **I further grant permission for any photographs or videos taken at this event of my child(ren) to be used for any lawful purposes in connection with the promotion and activities of Holly Spring Friends Meeting.**

Signature of parent/guardian: \_\_\_\_\_ Today's date: \_\_\_\_\_

Phone #(s) where you can be reached during the event:

\_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Policyholder's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Participant's Date of Birth \_\_\_\_\_

Medications Participant is using under doctor's orders \_\_\_\_\_

Allergies or other health problems \_\_\_\_\_

Emergency Contact Names & Phone Numbers – (Please list at least 2 contacts)

\_\_\_\_\_  
\_\_\_\_\_