WAKE FOREST CHRISTIAN HONOR SOCIETY AGREEMENTS AND MEDICAL INFORMATION STATEMENT – 2017-2018 School Year

To be completed by Parents or 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 Wake Forest Christian Honor Society (WFCHS) functions.

____(initial) The Student and Guardian agree with the Code of Conduct and Statement of Faith as discussed on WFCHS website at www.wakeforesthonorsociety.com.

____(initial) WFCHS has my permission to use any photographs taken of my family/children at WFCHS events or on the WFCHS website, or on any printed WFCHS publication. To help protect your privacy, WFCHS 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 Wake Forest Christian Honor Society advisers 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 advisers Allison Day, Janet McKay, Jennifer Garrido, Kim Nugent, or Wendy Diard (webmaster) or any adult chaperones to this group, as well as Hope Lutheran Church, 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 Signature

_____

Address

_____

Medical Insurance Carrier/Number Member Services Phone

_____

Physician Phone Number

Date of Last Tetanus Shot_____

_____

Current Medications

_____

Food/Drink Allergies or Physical Limitations

Emergency Contact Numbers:

Contact #1 (Required)

_____

Name Phone Number

Contact #2 (Optional)

_____

Name Phone Number