



PERMISSION SLIP

As a parent/legal guardian of _____, I have reviewed the information about the _____ event, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by SOLOMONS PORCH and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold SOLOMONS PORCH, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Student Name

Student Birth date

Parent/Guardian Name (Please Print)

Parent /Guardian Signature

Date

Address/City/Zip

Parent (W) Phone #

Parent (H) Phone #

Parent (C) Phone #

Health/Med. Ins. Co.

Policy Number

Student Primary Physician

Please list on back of this Release Statement any allergies and/or medical conditions the subject of this release may have.

Also list ALL prescription medication he/she may be taking at this time.

ALL MEDICATIONS MUST BE GIVEN TO LEADERS BEFORE LEAVING ON TRIP !