



**Brunswick County Schools**  
**Parent Permission and Release Form**

Student: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Team, student organization, vocational class: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

\_\_\_\_\_

Contact phone numbers: \_\_\_\_\_

Emergency alternate contact: \_\_\_\_\_

Contact phone numbers: \_\_\_\_\_

Special medical conditions and/or instructions: \_\_\_\_\_

\_\_\_\_\_

Medical insurance company and policy number(s): \_\_\_\_\_

\_\_\_\_\_

I, the undersigned parent or legal guardian of the student named above, do hereby give my permission for him/her to participate in any and all after-hours and/or off-campus activities of the team, student organization, or vocational class indicated which are sanctioned and approved by the school. While participating, I agree to hold harmless the Brunswick County Schools and its agents and employees for any responsibility or liability related to any accident, illness, or injury incurred by the student except those permitted by law in cases of negligence or inappropriate discharge of duties. I also agree to allow emergency medical treatment of the student in the event it is deemed necessary by the school activity or event supervisors and/or relevant emergency personnel, and I agree that I will be responsible for the cost of such treatment and related expenses in accordance with my existing school and/or individual insurance policy regulations.

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date