

**GFWC-NC SCHOLARSHIPS  
PARENT OR GUARDIAN RELEASE FORM**

I/We \_\_\_\_\_ (parent) will not hold the General Federation of Women's Clubs of North Carolina, (GFWC-NC) nor the members of the district or sponsoring club responsible for any injuries incurred by \_\_\_\_\_ (student) while traveling or at the event. I/We further give our permission for our child to attend the GFWC-NC Scholarship Interviews at \_\_\_\_\_ (location) on \_\_\_\_\_ (date/year).

**District:** \_\_\_\_\_ **Sponsoring Club:** \_\_\_\_\_

**Medical Emergency Information**

(Child) \_\_\_\_\_ Address \_\_\_\_\_

is covered by the following insurance company \_\_\_\_\_

Insured named \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Employer \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_ DOB \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Notify in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (office/cell) \_\_\_\_\_

Medicine currently taking: \_\_\_\_\_

Allergies (food/ medication) \_\_\_\_\_

Physician's name, address, phone \_\_\_\_\_

**Permission to Participate/Medical Authorization**

\_\_\_\_\_ (my child) has my permission to go on the above event and I acknowledge that the GFWC-NC or members of such are not liable for medical expense, hospital expenses, or such charges incurred for such services as may be rendered for or on behalf of my child as a result of injury or sickness; further acknowledge that the GFWC-NC and members will not be held liable for injury or illnesses. I further authorize permission for medical treatment.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's or Guardian's Signature