Club Permission Slip  Creek Wood High School

The HOSA Club

I hereby grant permission for my child, _____, to participate in **HOSA- Future Health Professionals international professional organization's Creek Wood High School's chapter.** This form outlines the details of the club and ensures that my child is authorized to participate in its activities.

Student Information:

- Full Name: _____
- Age: _____ Grade: _____
- Address: _____
- Emergency Contact Number: _____
- Any known allergies or medical conditions: _____

  _____

Club Information:

- An intracurricular student organization for those interested in agriculture and leadership. To better prepare themselves for careers in agriculture, related industries and society.
- Club Advisor/Coordinator: Amy Wuertz.

I, _____, am the parent/guardian of the aforementioned child and acknowledge that I have been informed about the nature of the club and its activities.

I ☐ **authorize** ☐ **do not authorize** any photographs or videos of my child taken during club activities including but not limited to the organization's website, social media, or print materials.

This permission form will remain valid for the duration of my child's participation in the club, unless revoked in writing by me as the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Please return this signed form to the club advisor/coordinator before your child's participation in any club activities including officer elections or planning sessions. If you have any questions or concerns, do not hesitate to contact us awuertz**@dcstn.org**

Thank you for your cooperation and support in making this club a positive and enriching experience for your child.