

Holly Hill Academy  
P.O. Box 757  
Holly Hill, SC 29059

**PARENT PERMISSION/AUTHORIZATION FORM**

Permission is granted for my son/daughter to accompany Holly Hill Academy  
\_\_\_\_\_ on \_\_\_\_\_  
Club/Class \_\_\_\_\_ Date \_\_\_\_\_  
Destination \_\_\_\_\_  
Departure Location \_\_\_\_\_ Time Leaving \_\_\_\_\_  
Return Location \_\_\_\_\_ Time Returning \_\_\_\_\_  
Purpose of Trip \_\_\_\_\_  
Method of Travel \_\_\_\_\_  
Chaperones \_\_\_\_\_  
\_\_\_\_\_

**Conduct:**

- Any misbehavior and/or misconduct in any form will be treated in accordance with existing school rules and/or procedures established for handling in-school misconduct.
- It is understood that the undersigned will not hold the school responsible for any possible accident or injury.

Parent Signature \_\_\_\_\_

***Please provide the following information:***

Student Name \_\_\_\_\_  
Last First Middle  
Mailing Address: \_\_\_\_\_  
Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency phone: ( ) \_\_\_\_\_ OR ( ) \_\_\_\_\_

My son/daughter has the following medical problems/allergic reactions: \_\_\_\_\_  
\_\_\_\_\_

Family Doctor and phone number: \_\_\_\_\_

In case of an emergency I \_\_\_\_\_ (Parent)

give \_\_\_\_\_ (Sponsor) permission to act in the best interest of my  
child, \_\_\_\_\_.

If you have any questions or concerns about this trip please call Holly Hill Academy at 496-3243 or

\_\_\_\_\_ At \_\_\_\_\_  
Sponsor Home/Cell Phone

Approved by Headmaster: \_\_\_\_\_