



Massachusetts Beta Chapter
Massachusetts Institute of Technology



SciPro: Science Projects at MIT

Parent Permission Slip, Fall 2010

I give _____ permission to participate in the Science Projects program at MIT on Saturdays 12PM–3PM, from October 16th to November 13th. I give permission for my child to be treated at the MIT Medical Department, if the need arises, and I understand that I will be financially responsible for any treatment. I understand that transportation to and from MIT is my responsibility.

Signature of Parent or Guardian

Date

I, the undersigned, on behalf of _____ (child's name), consent that MIT or TV, newspaper, or radio media may publish, or use photographs and/ or film and/ or likenesses for itself, in a manner consistent with MIT policies and procedures.

Signature of Parent or Guardian

Date

Medical Information

Does your child have any health problems, allergies (food, medications, other) or special needs which may limit his/her activity in any way or which would require some special attention?
No _____ Yes _____

If your answer is yes:

What is the health problem?

How should this be treated?

Does the participant carry medicine with him/her? If so, under what circumstances should this medicine be taken? How should the medicine be administered?