



Massachusetts Institute of Technology Society of Women Engineers

KEYs

Keys to Empowering Youth



PERMISSION FORM

By completing this form, you are agreeing to participate on the selected dates

General Information (Please print clearly!)

Student Name _____ Grade _____ Birth date ____/____/____

Street Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Parent E-mail Address (if available) _____

Parent/Guardian(s) Name _____ Cell phone _____

_____ Cell phone _____

How did you hear about KEYs (teacher, other parents, poster, etc.)? _____

Emergency information

List the names of two persons to contact other than the parent/guardian, in case of emergency.

Name _____ Phone _____ Relation to child (relative, friend, etc.) _____

Name _____ Phone _____ Relation to child (relative, friend, etc.) _____

Yes, I give _____ (Name of Participating Girl) permission to participate in the KEYs program at MIT on (choose no more than two) from 10am to 4pm:

_____ February 12th

_____ March 19th

_____ May 7th

***PLEASE note that by completing this form, you are committing your daughter to the session(s) you indicated above. If for any reason you need to cancel, please let us know at least a week in advance. Our program is free, but we have participants on a waiting list and need to know of open spots in advance.

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.

(Signature of Parent or Guardian)

(Date)

Does she have any health problems, allergies (sun, food, medications, other) or special needs which may limit her activity in any way or which would require some special attention?

No _____ Yes _____ (if yes, please explain on the back of this sheet)