

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 (Pl	ease print cl	early!)			
Student Name	tudent Name Grade				
Street Address					
City	State	Zip Code	Home Phor	ne	
Parent E-mail Address (if avai	lable)				
Parent/Guardian(s) Name	Cell phone				
	Cell phone				
How did you hear about KEYs	(teacher, othe	r parents, poster, etc.)?		
Emergency information					
List the names of two persons	to contact other	er than the parent/gua	ırdian, in case of eme	ergency.	
Name	Phone	Relation to child (relative, friend, etc.)			
Name	Phone	Relat	ion to child (relative,	friend, etc.)	
Yes, I give at MIT on (choose no more t		•	rticipating Girl) perm	ission to participate in the KEYs program	
Feb	ruary 19 th	Mar	ch 10 th	April 28 th	
	cel, please let	us know at least a v	veek in advance. O	session(s) you indicated above. If for ur program is free, but we have	
I give permission for my child financially responsible for any		at the MIT Medical D	epartment, if the ne	ed arises, and I understand that I will be	
(Signature of Parent or Guardian)				(Date)	
Does she have any health proway or which would require so No Yes (if ye	me special atte	ention?		I needs which may limit her activity in any	