



Massachusetts Institute of Technology
**Society of Women
Engineers**



WiSE Fall 2011 Permission Form

General Information

Student Name _____ Birthdate ____ / ____ / ____
Grade _____ Home Phone (____) ____-____
Street Address _____
City _____ State _____ Zip Code _____
Parent Email Address (if available) _____
Parent/Guardian 1 _____ Cell Phone (____) ____-____
Parent/Guardian 2 _____ Cell Phone (____) ____-____

Emergency Information

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

Contact 1 _____ Phone (____) ____-____
Relation to student (relative, friend, etc.) _____
Contact 2 _____ Phone (____) ____-____
Relation to student (relative, friend, etc.) _____

Describe the method of arrival (by bus, car, subway, etc.): _____

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

No _____ Yes _____ (if yes, please list below)

Yes, I give _____ (name of student) permission to participate in the WiSE program at MIT on **Saturday, October 15th** from **10:00am to 2:00pm**. I am aware that she will necessarily be in one-on-one contact with an MIT student in this mentoring program. I also 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)