



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



WiSE Fall 2009 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 24th** from **8:30am to 3:30pm**. 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)