

Permission

I, as Parent or Guardian, give permission for ___student's name_____

to attend Girls Get Connected 2010 at Simmons College on 6 March 2010 from 8:30 a.m. to 12:30 p.m.. I understand that my daughter will be obliged to abide by the School-Based Rules and by the Code of Discipline while participating in this program.

In the event of serious illness or injury to my child/ward, I expressly consent to the administration of emergency medical care, if in the opinion of the attending medical personnel, such action is advisable.

Further, I authorize ___chaperone's name_____ to act on behalf as parent of my child/ward while participating in the Girls Get Connected 2010 conference.

Photos and/or videos may be taken during Girls Get Connected 2010. I give permission for the Girls Get Connected Collaborative to record, film, photograph, interview, and/or publicly exhibit, distribute or publish my daughter's name, appearance, or spoken words at Girls Get Connected 2010, whether undertaken by staff, students, or anyone outside the collaborative, including media. I agree that the Collaborative may use or allow others to use, those works without limitation or compensation. I release the school and the Girls Get Connected Collaborative staff from any claims arising out of my daughter's appearance or participation in these works.

I have read the permission slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact person: _____relationship to student_____

Chaperone Information (Limit eight students per adult chaperone.)

Name: _____relationship to student_____

Address: ___street_____

___city_____state_____zip_____

Phone Number: _____

Email: _____

Name of school: _____

Name of youth organization: _____

CONFIRMATION WILL NOT BE SENT.