2019 FBI El Paso TEEN ACADEMY



PARENT PERMISSION FORM

**Please type or print all information legibly**

NAME: BIRTHDATE: PHONE:

ADDRESS: ZIP:

SCHOOL: GRADE:

PARENT/LEGAL GUARDIAN:

HOME PHONE: BUSINESS PHONE: OTHER:

IN CASE OF EMERGENCY WHO MAY WE CONTACT?

NAME: RELATION: PHONE:

PLEASE PROVIDE THE FOLLOWING INFORMATION:

DOCTORS NAME: HOSPITAL:

IF YOUR SON/DAUGHTER HAS ANY EXISTING HEALTH CONDITION PLEASE INDICATE:

IS YOUR SON/DAUGHTER TAKING ANY MEDICATION? YES NO

IF YES, GIVE NAME OF MEDICATION AND DOSAGE:

IS YOUR SON/DAUGHTER ALLERGIC TO ANY MEDICATION/FOOD? YES NO

MAY YOUR SON/DAUGHTER BE GIVEN ASPIRIN/TYLENOL? YES NO **………………………………………………………………………………………………………………………………………………………………………………**

I, Mr./Mrs. , parent/legal guardian of

Give my son/daughter permission for him/her to participate in **2019 FBI TEEN ACADEMY** on **July 15-17, 2019** from **8:30am to 3pm** at 660 South Mesa Hills Dr., El Paso, Texas 79912 and a special field trips to the Montana Annex County Jail.

I give permission for a sponsor/representative of the FBI to take pictures/video tape of my son/daughter for any type of activity, event, field trip, etc. I also give permission for a sponsor/representative of the FBI to give consent to a physician and/or hospital for medical/or surgical treatment in the event of a medical emergency. I understand that FBI, or its representatives will not be responsible for the payment of any medical expenses.  In exchange for permitting my son or daughter to participate in this activity, I release the FBI, agents, governing boards or employees from any and all claims whatsoever, including any claims for defective conditions of the premises and personal injury, and agree to hold harmless the FBI, or its representatives from any and all claims, liabilities, and obligations arising out my son or daughter’s participation in this event.

Parent/Legal Guardian Date

I understand, and will follow the rules set forth for this event

Student Signature