

# National Society of Black Engineers PCI Permission Slip & Medical Form



This permission slip should be completed and return AFTER the PCI registration(s) has been completed online. **THIS IS NOT A REGISTRATION FORM.**

Please bring the filled out forms with you and present them in the Registration Hall of the event you are attending. Make a copy to provide to the event registration team as well as one to keep.

This form has legal consequences. Read it carefully before signing. If you do not understand any of its provisions, ask for an explanation. Please print legibly or type.

Event: \_\_\_\_\_ Event Location: \_\_\_\_\_

Chaperone First Name: \_\_\_\_\_ Chaperone Last Name \_\_\_\_\_

Student First Name: \_\_\_\_\_ Student Last Name \_\_\_\_\_

**Members Only:**

Student Membership No. \_\_\_\_\_

Student Chapter Code/Name \_\_\_\_\_

This is to certify that my child/ward, \_\_\_\_\_, has permission to participate in the above described event at the above stated location on the date(s) of \_\_\_\_\_, any alternate or "rain date".

**Student is not allowed to participate in any activity until all information below is completed. If you wish any further information or wish to supply further details of your child/ward's needs, please use the reverse side of this form.**

**Parent/Guardian Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**To best meet your needs, please fill out the following information in its entirety.**

Student's Full Name \_\_\_\_\_

Does he/she have any allergies that should concern us?    Yes            No

If yes, please list them below:  
\_\_\_\_\_  
\_\_\_\_\_

Does he/she have any ongoing medical or psychological conditions that should concern us?    Yes    No

If yes, please list them below:  
\_\_\_\_\_  
\_\_\_\_\_

Is he/she currently taking any medication(s)?    Yes            No

If yes, please list them below:  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Other Contact(s) Information \_\_\_\_\_  
\_\_\_\_\_

**Insurance Information**

Is your child covered by medical insurance?    Yes            No

If yes, please fill out the following information:  
Insurance Provider \_\_\_\_\_

Insurance Account Number \_\_\_\_\_

Does your child/ward have a copy of the insurance card?    Yes            No

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ understands that at this conference the National Society of Black Engineers (NSBE) will not be responsible or be able to provide any medical care for my child/ward. I further understand that NSBE will try to aid my child/ward in getting any medical attention needed in case of an emergency, and the Chaperone will take responsibilities for any emergency decision making that is necessary. I understand that I will be immediately contacted in the case of such emergency, however my child will be treated as best as possible until I or any of the other authorized emergency contacts have been contacted.

I am the parent, one of the parents or guardian with whom the above child/ward resides and have legal custody. I assume all risks associated with participation in this event. I, or myself and anyone entitled to act on my behalf, waive and release the National Society of Black Engineers including regional, chapter, or other subdivisions thereof, their agents, employees, chaperones, representatives and successors from all claims or liabilities of any kind arising out or of my child/ward's participation in this event.

In addition, I grant permission to all of the foregoing to use my child/ward or my photographs, motion pictures, recordings, or any other record of this event for any related purpose.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**For more information, please contact the NSBE Pre-College Initiative Department at 703.549.2207 or [pci@nsbe.org](mailto:pci@nsbe.org).**