

The Pipeline Permission Slip For 2008

Student's Name: _____

Insurance Carrier: _____ Insurance Company Phone Number: _____

Policy Number: _____ Group Number: _____

Insured's Full Name: _____ Insured's Social Security #: _____

Parents' phone number(s): _____

I give permission to the minor stated above to take part in The Pipeline's activities for the year of 2008.

I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is attending a The Pipeline's event, I do hereby authorize any volunteer or other responsible person to consent to x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary.

Parent's Signature _____ Date _____