

# PARENT PERMISSION FORM

## 2008 High School Communications Workshop

A parent or guardian MUST complete and sign one permission form for each student before he or she may attend the 2008 High School Communications Workshop. Forms must be received prior to check-in on the first day of the workshop. Please print or type the necessary information and mail completed forms to Taylor Publishing Company, 2930 Chimney Rock, Houston, TX 77056. You may also register online at [www.yearbookworkshops.com](http://www.yearbookworkshops.com). Advisers, please note that you may make as many copies of the parent permission form as necessary, but the school registration information needs to be completed only once.

### STUDENT INFORMATION

Student Name (First, Middle & Last) \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent or Guardian's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime/Work Phone \_\_\_\_\_

### PHYSICIAN INFORMATION

Family Physician \_\_\_\_\_  
Office Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Office Phone \_\_\_\_\_

### HEALTH INFORMATION

General Health (check one):  Excellent  Good  Fair  Poor

Is there anything in your physical condition to limit your activities at the workshop? Please describe:

\_\_\_\_\_

Are you allergic to any foods or drugs?  Yes  No

If so, please describe: \_\_\_\_\_

\_\_\_\_\_ Do you take any medications regularly?  Yes  No

If so, please describe medication & condition: \_\_\_\_\_

Insurance Company's name and your Policy Number: \_\_\_\_\_

### RELEASE INFORMATION

I understand that all the information on this permission form is confidential and is requested only for the 2008 High School Communications Workshop in caring for the health needs of the workshop attendees. As the legal guardian of the attending student listed on this form, I hereby authorize the Workshop Director to secure any emergency examinations and treatments which are deemed necessary while the above named student is at the High School Communications Workshop. I understand that in case of a serious illness or injury, the parent or guardian listed above will be notified. However, should efforts to contact the parent or guardian fail and emergency treatment is deemed necessary, we empower the Workshop Director to assume responsibility for obtaining said treatment from a licensed medical facility at the family's expense. We hereby release Texas A&M University, Taylor Publishing Company, Campus Impressions USA LP and the Workshop Director from any and all liability for any injuries sustained as a result of any accidents caused by the negligence of the participant.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_