



National Society of Black Engineers PCI Permission Slip & Medical Form

This permission slip should be completed and returned AFTER the **Engineers Week** registration is completed online. THIS IS NOT A REGISTRATION FORM

Please send the completed form before February 14, 2020 to **pci@chicagonsbe.org** or via mail to

NSBE - Chicago Professionals

P.O. Box 8304
Chicago, IL 60680-8304
Attn: Engineers Week Committee

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. Once completed, make a copy for your records.

No permission slips will be accepted on the day of the event, NO EXCEPTIONS.

Event: **2020 Engineers Week Expo**

Event Location: **University of Illinois - Chicago**

Chaperone First Name: _____

Chaperone Last Name: _____

Student First Name: _____

Student Last 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 **02/22/2020**, any alternate or "rain date".

Your 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: (____) _____

NSBE Chicago Professionals - PCI Permission Slip & Medical Form

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 medications(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: **Daytime Event (not overnight)**

Insurance Account Number: N/A

I, _____, the parent or legal guardian of _____ understand 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 responsibility for any emergency decision making that is necessary. I understand that I will be immediately contacted in the case of such an 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 of 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, streaming, or any other record of this event for any related purpose.

Signature of Parent/Guardian

Date



**National Society of Black Engineers - Chicago
Professionals 2020 Engineers Week EXPO**

Media Waiver Form

Event: National Society of Black Engineers - Chicago Professionals 2020 Engineers Week EXPO at University of Illinois - Chicago on Saturday, February 22, 2020 from 8:30 a.m. - 3:00 p.m.

Registration for this event is required. Volunteers, parents and Chaperones must complete Media Waiver form before **February 14, 2020** and sent to pci@chicagonsbe.org. Any forms received after that date will forfeit the registration

By signing below, I give my consent to the National Society of Black Engineers - Chicago Professionals Chapter, to use my name, comments, photographs and likeness in order to promote the NSBE Chicago Professionals Chapter's National Engineers Week K-12 EXPO.

I understand that as a volunteer, parent or chaperone I may be photographed or videotaped. I understand that I may be called upon by journalists to answer questions about their involvement in the NSBE Chicago Professionals Chapter's National Engineers Week K-12 EXPO, and I am willing to speak to any media during the event.

**** Please write clearly ****

Date:		
Name:		
Street Address:		
City:	State:	Zip:
Phone Number:	E-mail Address:	
Signature:		

For any questions or for more information, contact **Lydia Gillus at pci@chicagonsbe.org**