NEUTRAL ZONE- ANN ARBOR TEEN CENTER
Parent Consent and Emergency Form

I, _____, hereby give permission for my child
Parent/Guardian Name

_____ to attend the following college visits with the Neutral Zone:
High School Student Name

___ Eastern Michigan University, April 19th 8:30-2:30
___ Washtenaw Community College, April 27th, 8:15-12:30
___ Wayne State University, May 2nd, 8:00-2:30
___ Michigan State University, May 20th, 7:45-4:00
___Western Michigan University, May 24th, 8:15-4:30

I understand that my child will leave on the morning of the college visit and return in the afternoon on the same day.

I understand that my child will miss school on the day of the college visit, and take responsibility for excusing my child from classes on that day.

In granting this permission, I assume full responsibility for damage to person or property caused by my child.

_____ _____
Parent Signature Date

I agree that if it is determined that my child needs medical or dental treatment I will be responsible for any such treatment determined necessary by a physician or dentist.

Furthermore, in case of an emergency I agree that my child should be given any medical care deemed necessary by a physician.

_____ _____
Parent Signature Date

Contact information:

Parent/Guardian Emergency Contact Name_____

Phone Numbers: Home_____ Cell_____

Other Emergency Contact Name_____

Phone Numbers: Home_____ Cell_____

General Physician_____ Phone_____

General Dentist_____ Phone_____

Health Insurance_____ Phone_____

ID #_____