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**APPENDIX A. Parental Permission Slip**

**Mandatory Signature Required for children under 18 who will attend without parent/legal guardian**

**Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print), certify that I am a parent or legal guardian (circle one) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print), \_\_\_\_\_\_ (current age) and I hereby give permission for him/her to attend the event named above.**

**The child named above will be accompanied by Mr./M(r)s./Dr. (circle one) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who will be responsible for said child throughout the trip, including travel.**

**I will not hold iCAN or the Foundation for Children responsible for any act or omission by the child or responsible adult named above. In the event of an emergency, I give permission for my child to receive appropriate emergency medical treatment. Child’s insurance company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_.**

**Notification will also be given by iCAN to the following emergency contact:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This form MUST be completed AND received at least 10 days prior to the meeting date above. It may be returned to Amy Ohmer, Director of iCAN via email** **amyohmer@icanresearch.org**