

## The Pipeline Permission Slip For 2010

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 2010.

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 \_\_\_\_\_