

# PCI Permission Slip & Medical Form



**This permission slip should be completed and returned AFTER the PCI registration(s) has been completed online. THIS IS NOT A REGISTRATION FORM.**

**Send to:**  
NSBE PCI  
205 Daingerfield Road  
Alexandria VA 22314  
Fax: 703-683-5312

**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.**

Event: \_\_\_\_\_ Event Location: \_\_\_\_\_

Chaperone First Name: \_\_\_\_\_ Chaperone Last Name \_\_\_\_\_

Student First Name: \_\_\_\_\_ Student Last Name \_\_\_\_\_

<b>Members Only:</b> Student Membership No. _____ Student Chapter Code/Name _____
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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 \_\_\_\_\_, any alternate or "rain date".

**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: ( \_\_\_\_\_ ) \_\_\_\_\_

