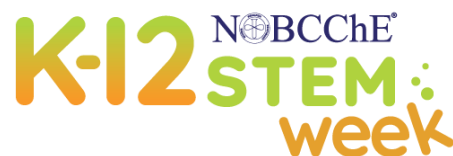


**National Organization for the Professional
Advancement of Black Chemists and
Chemical Engineers (NOBCChE)**



**2017 NOBCChE National STEM
Festival Parent Consent Form**

Dear Parents and Guardians,

Your child will be attending the **2017 NOBCChE STEM Festival**. In order for your child to participate, the following form must be completed by you. If any questions arise, please feel free to contact Mr. Steven Thomas, Co-Chair of the NOBCChE Secondary Education Committee at sdthomas25@gmail.com or at 517-721-1519. Please have your child (or child's teacher/chaperone) bring this form to the event to submit upon check-in.

We look forward to having your child participate in this year's NOBCChE STEM Festival.

Student Division: Junior (Middle School) Senior (High School)

Student Information

Name _____ Grade _____ School _____

Date of Birth _____ Country of Citizenship _____

Home Address _____
Street Address _____ City, State, Zip _____

Home phone _____ Race/Ethnicity _____ Gender Male Female

Onsite Phone Number of Chaperone (**MANDATORY**): _____

Have you participated in a NOBCChE K-12 Science Outreach Activities in the past? YES NO

If yes, please indicate event & year: Bowl Fair Year _____

Parental Permission and Emergency Medical Authorization

I, _____ parent or guardian (please print), hereby grant permission

for my minor child, _____ Student's name (please print), to attend the **NOBCChE National STEM Week Festival in Minneapolis MN on November 1, 2017.**

I have read and understand the code of conduct for NOBCChE STEM Week and acknowledge that if my child violates these codes, NOBCChE has the right to request that they leave the event and/or premises. I release, acquit, and discharge NOBCChE, its agents, servants or employees from any and all liabilities, claims, and causes of action which I may have reason of said attendance.

While in attendance, my child is under the direct supervision of _____.

This adult chaperone has the authority to act as parent, guardian, or supervisor for the duration of the meeting and during transportation to and from the conference. Further, I hereby authorize professional medical services personnel to take emergency actions in the event of an accident or illness during the course of this meeting.

I authorize NOBCChE to videotape and photograph my child's image and/or voice for use in educational, promotional and public service programs, as well as the organization's websites and social media outlets.

Signature _____ Witnessed by: _____
(Parent or Guardian Signature and Date) (Witness Signature and Date)

Home Address _____
(If different than from page 1)

Home Phone _____ Work or Mobile Phone _____

Medical Plan and Policy Number _____

Physician Name _____ Physician phone _____

Allergies, Special Medication or Other Medical History _____

