

**STUDENT NAME** \_\_\_\_\_

**MAINE YOUTH VOICES  
CONFERENCE ATTENDANCE PERMISSION SLIP**

I give my permission for my child to attend the Maine Youth Voices Annual Summit: **Saturday, May 22nd, & Sunday, May 23rd, 2004, University of Maine, Orono.**

**PARENT / GUARDIAN:**

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

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

**DATE:** \_\_\_\_\_

.....

**In Case of Emergency Contact::**

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

**Home/Cell Telephone Number:** \_\_\_\_\_

**Work Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In addition, I give the adult coordinator permission to assume responsibility in the event that I can not be reached:*

**Name of Adult Coordinator:** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

**Please list any information that might be helpful, including:**

**Allergies:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**I UNDERSTAND THE BEHAVIORAL GUIDELINES SET BY MY MYV GROUP AND AGREE TO ABIDE BY THEM:**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**DATE**