



**Saturday  
October 24, 2009  
College of the Sequoias**

**Medical Permission Form**

I understand that my child, \_\_\_\_\_, is participating in the

**10<sup>th</sup> Annual Expanding Your Horizons Conference**  
at the College of the Sequoias on Saturday, October 24, 2009.

My child, \_\_\_\_\_, attends

\_\_\_\_\_ School and her chaperone is \_\_\_\_\_.

I grant permission for my child to receive emergency medical care while attending the EYH Conference at College of the Sequoias.

No

Yes

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_