



Sponsored by the League of Women Voters of New York State Education Foundation, Inc.

PARENT/GUARDIAN PERMISSION FORM

Please complete and return this form by **March 1, 2016**

I hereby give permission for _____ to attend the *Students Inside Albany* Conference in Albany, New York from May 22-25th, 2016. I understand that overnight accommodations will be at the Hilton Albany, 40 Lodge Street Albany, NY 12207, telephone: (518) 462-6611. I understand that students will be chaperoned to an evening at a bowling alley and a boat tour on the Hudson River. I also grant the League permission to obtain medical care for my child in an emergency if I cannot be reached.

Does the student have food or drug allergies? YES _____ NO _____

If yes, please explain: _____

Is your child currently taking any prescription drugs? If so, please indicate name of drug(s) and frequency and amount of dosage. (I understand that the League assumes that the student will self-medicate and takes no responsibility for the self-medication.) _____

Are there any medical conditions or physical restrictions we should be aware of? _____

Does the student have any dietary restrictions? _____

Is the student a vegetarian? _____

Does the student require any special accommodations? **If so, parents will assume all costs to meet the special accommodations.** _____

I understand that roommate requests will not be accepted (please initial): _____

Signature of Parent/Guardian: _____ **Date:** _____

Please print name: _____ **Cell Phone Number:** _____

Persons to contact in case of emergency:

Name: _____ Relationship: _____

Telephone # w/Area Code: _____ Cell Phone: _____

Name: _____ Relationship: _____

Telephone # w/Area Code: _____ Cell Phone: _____

Please complete and return all forms to: *Students Inside Albany* Conference c/o League of Women Voters of New York State Education Foundation, Inc. (LWVNYSEF)
62 Grand Street, Albany, NY 12207