



## MOORE NORMAN

TECHNOLOGY CENTER

### Permission Form

Please fill out and return by: \_\_\_\_\_ Transportation will be provided by MNTC.

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Departure time: \_\_\_\_\_ Approximate Return time: \_\_\_\_\_

Instructor/Sponsor Name: \_\_\_\_\_ Contact Number: 405.364.5763 ext. \_\_\_\_\_

#### High School Students Only

I, \_\_\_\_\_, hereby give my child, \_\_\_\_\_ permission to attend the event listed above. Students will be excused from their high school.

By signing this form, I give Moore Norman Technology Center permission to arrange for medical treatment for my child in case of an emergency.

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

\_\_\_\_\_  
Date

#### Adults Only

Medical Release

By signing this form, I am giving Moore Norman Technology Center permission to arrange for medical treatment for myself in case of emergency.

\_\_\_\_\_  
Student Name

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

\_\_\_\_\_  
Date

#### Emergency Contact Information (Required)

Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies (food, medication, plants, etc.): \_\_\_\_\_

Current Medications: \_\_\_\_\_