



Science & Technology Entry Program  
Monroe Community College



-- PARTICIPATION & TRAVEL --

I, \_\_\_\_\_, give my child, \_\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_), permission to take part in programming, activities, events, and field trips, both on and off campus, as arranged by the MCC Science & Technology Entry Program.

I understand that the STEP program will provide free tokens for my child to use to travel to and from the Damon City Campus of Monroe Community College. The MCC STEP program and its staff will assume responsibility for my child when my child signs in to the program at the Damon City Campus. The MCC STEP program surrenders responsibility for my child when he/she signs out of the STEP event that he/she is attending.

I understand that the STEP program will provide transportation to and from any off-campus events (except for tutoring held at your child's school) and field trips. The point of arrival and departure will be the Damon City Campus of Monroe Community College. I understand that my child will not be permitted to travel to any off-campus event on his/her own. I further understand that the programs will NEVER release my child for travel with anyone other than a parent/guardian, an adult designated by the parent/guardian, or an adult previously approved by the STEP program.

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_

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

Date of Signature: \_\_\_\_\_

Day Phone: \_\_\_\_\_

STEP Director Signature: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

-- AUTHORIZATION OF MEDICAL TREATMENT FOR MINORS --

If a child, who is under 18 years of age, needs medical treatment or hospital services while he/she is participating in the MCC Science & Technology entry Program during the period of September 1, 2006 through August 31, 2007, the consent of a parent or guardian is required. Care may be rendered only with such consent except in a true emergency. An effort to contact a parent or guardian for permission can delay treatment. This document is designed so that you may appoint a representative to arrange for health care services for your child.

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_), do hereby appoint staff and chaperones of the MCC Science & Technology Program to act on my behalf on authorizing medical, dental, surgical care or hospital care for my child if I cannot be reached at the telephone number(s) indicated on the form above or if the emergency contact that I list below cannot be contacted during the period of September 1, 2006 to August 31, 2007.

Emergency Contact Name: \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_

Day Phone: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Other Phone: \_\_\_\_\_

STEP Director Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

-- MEDICAL INSURANCE COVERAGE FOR ABOVE NAMED MINOR --

Insurance Company (circle one): Preferred Care Medicaid Blue Cross/Blue Shield Other: \_\_\_\_\_

ID or Group Contract Number: \_\_\_\_\_

This document can be presented to a hospital/physician, etc. at such a time that unexpected medical, dental, surgical, or hospital treatment/care may be required.

Is there anything in your child's medical history that should be known in case of an emergency? Are there any special accommodations that your child will need while participating in STEP? If yes, please explain on the back side of this paper and/or call 262-1673 to speak with the STEP Director.