



# Minnesota Internship Center Charter School

300 Industrial Blvd Minneapolis, MN 55413

612.722.5416

## Parental Permission Form

My child \_\_\_\_\_ has  
permission to participate in \_\_\_\_\_.

He/she is in good physical condition and has not had any serious illness or  
operation since her last health examination.

During the activity, I may be reached at:

Address \_\_\_\_\_  
\_\_\_\_\_

Phone  
Number \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is  
authorized to act in my behalf:

Name and address \_\_\_\_\_

Relation to participant \_\_\_\_\_

Phone Number \_\_\_\_\_

Physician's name and phone number \_\_\_\_\_

Additional remarks: \_\_\_\_\_  
\_\_\_\_\_

Parent or guardian's signature \_\_\_\_\_

Date \_\_\_\_\_