

TOBACCO CONSULTATION SERVICE

University of Michigan Health System

PARENT/LEGAL GUARDIAN PERMISSION FOR PARTICIPATION KICKIN' IT EVENT

I, the parent/legal guardian of _____ (“the child”), give
(the child’s full name)
my permission for my child to fully participate in the “Kickin’ It” event sponsored
by the UMHS Tobacco Consultation Service on March 24, 2007 and to be held at the
Huron High School – Dome gymnasium 2727 Fuller Rd. Ann Arbor, MI

Home and cell phone number(s) where parent/legal guardian can be reached during
event:

_____ and _____

Medical information (including food allergies) of which event sponsors should be aware
and medications needed by my child while at the event: _____

I understand that during this event, my child is expected to follow all sponsors’ and
Ann Arbor Huron High Schools rules. S/he will cooperate with and follow the
directions of event personnel and chaperones, or I understand I will be called to pick
him/her up from the event.

I agree to hold the University of Michigan Health System Tobacco Consultation
Service and its employees and agents, harmless from all damages, costs, and
attorney’s fees as a result of any injury or damages caused by or to my child during the
course of this event.

Print Name: _____

Address: _____

City, Zip: _____

Signature of Parent/Legal Guardian

Date