

Wright State University
Lake Campus Reading Center
Permission Form/ Emergency Medical Form

Child's name _____

Please list any serious medical condition, including allergies, etc.:

Mother's name _____

Mother's address _____

Mother's telephone number _____

Cell Phone Number _____

Father's name _____

Father's address (only if different from mother's) _____

Father's telephone number _____

Alternative Emergency Contact Name and Number

Permission is granted to the Reading Center:

(please initial next to all that apply to your child)

_____ To use reports and other case study information relating to my child for research
and other instructional purposes

_____ To videotape and/or photograph my child's sessions for instructional use

_____ To include clips from videotapes and/or photographs of my child on the WSU
Lake Campus Reading Center Website

_____ To take walking field trips with my child to WSU Lake Campus locations

Parent/Guardian Signature _____

Date: _____