



MODEL 110TH CONGRESS

sponsored by

CONGRESSMAN MARK KIRK

Parental Permission Form

Student Name: _____

Student School: _____ Year of Graduation: _____

Name of Parent/Guardian: _____

Home Address: _____

Home Phone: _____ E-mail: _____

Emergency Information:

Name: _____ Phone: _____

Contact Relationship: _____

Medical Information (please list any medical information of which we should be aware):

Permission

I hereby give permission to my child to participate in Congressman Mark Kirk's Model Congress on April 5th and 6th, 2008.

Parent/Guardian: _____ Date: _____

Signature

Photo Release

I, _____, hereby authorize the Office of Congressman Kirk to photograph my son or daughter at the Model Congress event to be held on April 5th and 6th, 2008.

Parent/Guardian: _____ Date: _____

Signature

***Please fax the completed form to (847) 940-7143 or send it via mail to:
707 Skokie Boulevard, Suite 350, Northbrook, IL 60062***