



FOR OFFICIAL USE ONLY WHEN FILLED IN - PRIVACY SENSITIVE  
Any misuse or unauthorized disclosure of this information may result in both criminal and civil penalties

**PARENT(S) / GUARDIAN(S) CONTACT INFORMATION**

15. Parent/Guardian First and Last Name:

16. Email Address:

17. Work Phone:  18. Home Phone:  19. Cell Phone:

20. Parent/Guardian First and Last Name:

21. Email Address:

22. Work Phone:  23. Home Phone:  24. Cell Phone:

**OTHER PARTY RELEASE INFORMATION**

25. Adult Driver First and Last Name:  26. Relationship to Student:

27. Home Address:

28. Work Phone:  29. Home Phone:  30. Cell Phone:

**DRIVING ARRANGEMENTS / ACCESS**

31. If the student is being driven on base, does the driver have base access?  Yes  No \*See Instructions Below

\*If you answer 'no' to above question (#31), the driver will need to contact the Naval Air Warfare Center Aircraft Division (NAWCAD) EOO by telephone at (301) 757-6690 with the following information: 1) Name, 2) Relationship to Child, 3) Social Security Number, 4) Date of Birth, 5) Place of Birth, 6) State of Birth, 7) Birth Country, 8) Citizenship, 9) Home Address

**DO NOT SEND ABOVE LISTED INFORMATION BY EMAIL**

**CONSENT / AUTHORIZATIONS**

32. I give my consent for my child to take part in all activities that are arranged for the program participants including riding in provided van transportation. I further certify that he/she is in good health and is capable of fully participating in all activities. I acknowledge that persons who use the facilities of the Patuxent River Naval Air Station do so at their own risk and that the employees and agencies of the U.S. Government and/or the NAWCAD are not responsible for the loss of personal property, injury or loss of life.

Parent/Guardian Signature:  Date:

33. I understand and authorize that throughout the program, pictures and/or video may be taken and may be used to promote the programs and these photos will become NAWCAD property. If you do not wish to have your child photographed, please inform the NAWCAD EOO.

Parent/Guardian Signature:  Date:

34. I hereby give my consent for an authorized representative from the NAWCAD EOO to call an ambulance for my child, (Student Name)  for medical care in an emergency situation. I understand that conscientious effort will be made to notify the parents/guardians prior to such action. Any expense incurred will be borne by the parent/guardian and treatment may take place at any medical facility.

Parent/Guardian Signature:  Date:

**If you have any additional questions, please contact the NAWCAD EOO at (301) 757-6690.**