

MEDICAL PERMISSION FORM

The Doernbecher Pajama Jam, May 8-9, 2009, has been planned as a fun and safe opportunity to celebrate and reward the efforts of students from across Oregon and southwest Washington. The Pajama Jam will be chaperoned by volunteers, school advisors, Doernbecher Foundation staff and the adult members of the Kids Making Miracles committee. **Each student is required to fill out the following information completely in order to participate in the Pajama Jam.**

Name: _____

Address: _____

Phone: _____

Parent/Guardian Name : _____

Insurance Company: _____ Policy Number: _____

I give my permission for a Doernbecher representative to obtain necessary medical attention for:

Parent Signature: _____ Date: _____

PLEASE FILL OUT COMPLETELY!

**STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT
SIGNED PERMISSION FORM.**

**PLEASE RESERVE YOUR SPACE AT PAJAMA JAM
WITH YOUR SCHOOL ADVISOR
NO LATER THAN MONDAY, APRIL 27, 2009**

**ATTN: PARENTS AND CHAPERONES
PICK UP TIME IS 1:00 A.M., MAY 9, 2009**

**STUDENTS WILL NOT BE ALLOWED TO LEAVE WITHOUT PRIOR NOTICE
FROM PARENT/GUARDIAN. TO ARRANGE EARLY DEPARTURE, PLEASE
CALL JESSICA LEBLANC AT (503)220-8344, (800)800-9583, OR E-MAIL
LEBLANC@OHSU.EDU. IF A STUDENT REQUESTS TO LEAVE EARLY,
WITHOUT PRIOR NOTICE, IT WILL BE NECESSARY FOR STAFF TO CALL
PARENTS OR GUARDIAN.**

ATTENTION ADVISOR:

Please make copies of the permission slip on the
for each attendee.

Students without permission slips will NOT be
allowed into the Pajama Jam.

www.doernbecherfoundation.org

Do NOT send permission slips in ahead of time.
Please send in your reservation form and bring
permission slips directly to the event.

Thank you!



Doernbecher Children's
Hospital Foundation
at Oregon Health & Science University