

 U.S. Army Child, Youth & School Services	<h2 style="margin: 0;">The EDGE! Program Permission Slip</h2>	
Date of Enrollment		
Contact Information	Scott Marko 301-677-2146 or scott.marko@us.army.mil	

Participant's Name	
Participant's Name	
Participant's Name	
Note to Parents	<p>You must enroll your child with CYSS to participate. Enroll at Parent Central Services, Bldg. 1900 or call 301-677-1149/1156 or go online:  <a href="https://webtrac.mwr.army.mil/webtrac/meadcymys.html">https://webtrac.mwr.army.mil/webtrac/meadcymys.html</a></p> <p>***This permission slip is required and can be scanned and emailed to <a href="mailto:scott.marko@us.army.mil">scott.marko@us.army.mil</a> or faxed to 301-677-5207 Attn: Scott Marko</p> <p>All forms can be found on the EDGE! website:  <a href="http://www.ftmeademwr.com/cyss/edge.php">http://www.ftmeademwr.com/cyss/edge.php</a></p>

*"I, the undersigned, am the parent or legal guardian of the above-named individual(s), and do hereby authorize the above-named individual(s) to participate in the EDGE! Program field trips. I understand that all participants in the EDGE! Program must be registered with Army Child, Youth & School Services (CYSS), and that any illnesses, prescribed medications, or special needs associated with participants must be reported to the EDGE! Program staff prior to admittance for field trips. I also understand that this Permission Slip allows the above-named individual(s) to participate in all EDGE! Programs for the duration of the above-named individual(s)' enrollment in Army Child, Youth & School Services (CYSS) with full knowledge they may be transported via CYSS transportation.*

**Authorization for Emergency Medical Care**

*"I, the undersigned, hereby authorize the above-named individual(s) to receive emergency medical treatment if deemed necessary by the U.S. medical facility or any other medical facility when a U.S. facility is not available."*

**Allergies, disabilities and/or limitations of the above-named individual(s):**

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Parent or Legal Guardian's Printed Name	
Parent or Legal Guardian's Phone #	
Parent or Legal Guardian's 2 <sup>nd</sup> Phone #	
Parent or Legal Guardian's Signature →	
Today's Date	