

PERMISSION/MEDICAL RELEASE FORM

This completed form is necessary for any visiting student. Please complete the form and bring it with you to campus. You will not be allowed to stay overnight without completing this form.

Name of Student: _____ Date of Birth: _____

Home Address: _____

Phone Number: _____ High School: _____

Special Medical problems, allergies to medications:

Name of Parent or Guardian: _____

Home Address: _____

Business Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Parent/Guardian

I give permission for my child named above to visit Wesleyan. I hereby release, indemnify and hold harmless Wesleyan University, its trustees, officers, agents and employees from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my child's participation in this visit to Wesleyan. In case of an emergency and if we cannot be reached, we the undersigned parent or guardian of the above-named child, do hereby authorize a representative of Wesleyan University to consent to any medical treatment or care deemed advisable.

Student

I have read and fully understand all the provisions of the Permission/Release form. I have also read and agree to comply with the Visitation Policy described on page 1.

Signature of Parent/Guardian

Date

Signature of Student

Date

Host *(Assigned upon arrival)*

Location *(Assigned upon arrival)*