

WELLESLEY COLLEGE

Permission/Medical Release Form FOR WELLESLEY COLLEGE OVERNIGHT VISITORS

A completed Permission/Medical Release Form is necessary for any student staying overnight in a Wellesley College residence hall. Please print and complete this form and either bring it to campus or fax it to the Wellesley College Admission Office at: (781) 283-3678. **You will not be allowed to stay overnight at Wellesley College without completing this form.**

Date(s) of Overnight Visit _____

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 _____

Parent/Guardian

I give permission for my child, named above, to visit Wellesley College. I hereby release, indemnify, and hold harmless Wellesley College, 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 Wellesley College. In case of an emergency and if we cannot be reached, we the undersigned parent or guardian of the above child, do hereby authorize a representative of Wellesley College to consent to any medical treatment or care deemed advisable.

Student

I have read and fully understand all the provisions of the Permission/Medical Release Form. I have also read and agree to comply with the campus visit policy.

Signature of Parent/Guardian

Date

Signature of Student

Date

