

# WELLESLEY COLLEGE

## Permission/Medical Release Form FOR WELLESLEY COLLEGE OVERNIGHT VISITORS AND FALL AND SPRING PROGRAM ATTENDEES

A completed Permission/Medical Release Form is necessary for any student staying overnight in a Wellesley College residence hall or participating in a fall or spring program. 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 or participate in a day program at Wellesley College without completing this form.**

Date(s) of Overnight Visit \_\_\_\_\_

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Student Cell Phone # \_\_\_\_\_ High School \_\_\_\_\_

Special Medical Problems, Allergies \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Parent Daytime Phone # \_\_\_\_\_ Parent Evening Phone # \_\_\_\_\_

### 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

\_\_\_\_\_  
Hostess (assigned upon arrival)

\_\_\_\_\_  
Location (assigned upon arrival)

