



UNIVERSITY OF  
MARY WASHINGTON

*where great minds get to work*

Celebrating Cultural Diversity Weekend  
April 13-14, 2012

Permission Form and Medical Emergency Authorization Form

In order for the student to participate in this program, this form must be completed and signed by the parent or legal guardian. The form must be returned to the Office of Admissions by mail at 1301 College Ave, Fredericksburg, VA 22401, by fax at 540/654-1857, by email at [admit@umw.edu](mailto:admit@umw.edu), or be presented to the Admissions staff member prior to be transported on the UMW van.

Please Print

Name of Student: \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Parent's Mobile Phone: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Does the student have any medical concerns or illnesses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does the student have any known allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is the student taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Information:

\_\_\_\_\_ Company

\_\_\_\_\_ Policy Number

I hereby grant permission for the above-named student to attend "Celebrating Cultural Diversity Weekend" at the University of Mary Washington. I understand that the student will be housed with a UMW student host and is subject to all rules and regulations of the University. I release the University from any responsibility for any accidental injury occurring during this program. In addition, I authorize a member of the University of Mary Washington staff to obtain medical treatment in case of accident, injury, or illness of the participant at an appropriate medical facility.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_