



Celebrating Cultural Diversity Weekend
April 8-9, 2011

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, 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: _____