Permission, Release and Medical Authorization Form

Please print this form, sign, and fax or mail to the Admissions Office at 309-556-3820 or Attn: Overnight Visit, 1211 Park Street, Bloomington, IL, 61701 at least four business days prior to your scheduled visit. You will not be able to participate in the scheduled visit until this form is received. If you require any special accommodations during your visit, please call the Admissions Office at 309-556-3031 at least one week in advance of your visit.

Please complete all information clearly.

Name of Student: _____ Date of Overnight: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Student's Age: _____ Male ❍ Female ❍

Special medical problems, allergies to medications, etc: _____

Name of Parent or Guardian: _____

Cell Phone: _____ Email: _____

Other Phone: _____ Type (i.e. home, work, etc.): _____

Preferred means of contact should an emergency occur: _____

Parent/Guardian Acknowledgement:

I give permission for my child to visit and stay overnight at IWU. In the case of emergency, and if I cannot be reached, I hereby authorize a representative of IWU to consent to any medical treatment or care deemed advisable for my child. I understand that IWU does not provide health or other insurance for my child, and that I will be responsible for the entire cost of any medical services that might be necessary for my child during or associated with his or her visit at IWU.

I understand that IWU staff and student volunteers will not supervise or chaperone my child during this visit, and I hereby knowingly and voluntarily assume all risk from any and all liability, losses, damages, or expenses associated with my child's visit to IWU, and for all matters related thereto.

In consideration for my child's visit, I hereby agree to release, indemnify and hold harmless Illinois Wesleyan University, and its employees, agents, officers, trustees and representatives (in their official and individual capacities), for and against any and all liability and responsibility for any claim or cause of action, including claims based on negligence on account of any personal injury, accident, damage, expenses, or other loss caused, suffered or incurred by my child or any other person/entity during, which arise out of, result from or occur during, or are connected in any manner whatsoever with, my child's visit to IWU and any travel incidental thereto, wherever, whenever, or however the same may occur, except for any claim or cause of action arising out of the gross negligence of Illinois Wesleyan University.

I have read the above and I voluntarily sign this agreement.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____