

PERMISSION/MEDICAL RELEASE FORM

This form is necessary for any visiting student. **You will not be allowed to stay overnight without this form.**

Name of Student: _____ Date of Birth: _____

Home Address: _____

Phone Number: _____ High School: _____

Special Medical problems, allergies to medication:

Name of Parent or Guardian: _____

Home Address: _____

Business Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

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

I have read and fully understand all the provisions of the Permission/Release form. I have also read and agree to comply with the Visitation Policy described above.

Signature of Parent/Guardian

Date

Signature of Student

Date