Your Name: _____

Name of Parent(s) or Guardian(s): _____

Emergency Contact Information

Daytime (work) Phone: _____ Evening Phone: _____

If you will be away from your home any time during the week of the Gustavus Adolphus College Summer Speech Institute (i.e. a vacation), please list...

When you will be gone: _____

_____

Best Phone Number to Contact in Case of Emergency _____

Alternate Contact: _____Phone: _____Relationship _____

Alternate Contact: _____Phone: _____Relationship _____

Transportation With Institute Staff

Our policy is that enrolled students should never leave the Gustavus campus unless accompanied by an Institute staff member. As part of our enrichment program, staff members will sometimes arrange local trips for students.

Your signature below indicates your permission for your daughter/son to be transported in a Gustavus fleet vehicle or a private automobile driven by an Institute staff member to restaurants, museums, stores, theaters, parks or other local attractions within the Saint Peter/Mankato area.

_____

Signature Date