

Gustavus Adolphus College Summer Speech Institute

Release Form

Your Name: _____

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

Permission to Leave Campus

We take our responsibility for enrolled students very seriously. We foresee no reason for any student to leave campus without the supervision of a staff member. If, however, there is a specific reason (such as visiting a relative) for the student to leave campus, please indicate below. We cannot honor blanket permissions.

I give permission for _____ to leave campus at the following specific times, for the following reasons, and to visit the listed places.

Destination	Purpose	Time Depart	Time Return
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Signature of parent or guardian

Date

Medical Release

Name of Student: _____

Gender: M / F Age: _____ Date of Birth: _____ / _____ / _____

The medical history listed below is complete and correct to the best of my knowledge. I hereby give permission to the physician selected by the Institute staff to order x-rays, routine tests and treatment for the health of my child. If I cannot be reached in an emergency, I give my permission to the Institute physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child named above. This form may be photocopied. Please list...

- 1.) Any allergies which your child is subject to (foods, medications, insect bites, etc.) Does this cause anaphylaxis? Y / N

- 2.) Please describe the reaction and what is done to manage above allergies.

- 3.) Any medication which should be taken during the Speech Institute:

- 4.) Any factors or chronic concerns (including medical or psychological conditions, dietary needs, or mobility restrictions) which might affect the students participation in the Gustavus Adolphus College Summer Speech Institute. (What supportive health care is needed?)

Signature of parent or guardian

Date