

**Concord University Students of Excellence Summer Academy
Statement of Permission**

I _____ parent/legal guardian
Parent's name (print)

of _____
Student's full name (print)

Give my permission for him/her to attend any functions on or off Concord University's campus pertaining to the Student's of Excellence Summer Academy I understand my child must abide by the rules stated to him/her by Concord University officials.

Listed below are any medical conditions including allergies which need to be disclosed while attending the Student's of Excellence Summer Academy. I understand that if my son/daughter becomes ill or in need of medical assistance chaperones will attempt to contact me at the emergency contact number(s) listed below. If I cannot be reached, I understand and agree that my son/daughter may be taken for medical assistance and I agree to be solely responsible for all costs incurred as a result. I further agree to indemnify and hold harmless Concord University, employees of the university, and all personnel associated with the Student's of Excellence Summer Academy for any injury that occurs to my child, **which is not** the result of action or inaction by any of the above parties or representatives.

Listing of allergies/medical conditions of student:

(Print legibly)

Emergency contact:

(Print name of contact and list all emergency numbers legibly)

Insurance Carrier _____

Policy Holder's name _____

Insurance ID number _____

Signature/Date _____
Parent or legal guardian of student