

SENIOR DAY 2009 | RELEASE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ Expected Graduation Date: _____

High School: _____

Emergency Medical Care

I, the undersigned parent/guardian, hereby grant permission to a local healthcare provider to administer emergency medical treatment to the student named above during his or her visit to Huston-Tillotson University. I also grant permission for hospitalization and treatment therein, should hospitalization be necessary.

Signature of Parent _____ Date _____

Student Visitor Agreement

I, the undersigned student, agree to abide by the rules and regulations governing student conduct while I am a guest on the campus of Huston-Tillotson University.

Signature of Student _____ Date _____