

**University of Pittsburgh
Office of Admissions and Financial Aid**

Permission Form

I, _____, hereby certify that I am over the age of eighteen and by my signature below, I hereby release the University of Pittsburgh, its officers, agents, employees, successors, and assigns from any and all liability, not caused directly by negligence of the University of Pittsburgh or its representatives, arising out of or in any way related to an Overnight Visit at the University of Pittsburgh scheduled from ___/___/___ to ___/___/___.

If I require medical care while on the above-named visit, I authorize the University of Pittsburgh and/or the agents or employees of the Office of Admissions and Financial Aid to contact Dr. _____ by telephone at _____. I also authorize the agents or employees of the University of Pittsburgh Office of Admissions and Financial Aid to present me to the nearest medical facility for medical care without assuming any responsibility for payment for the same. My insurance carrier is _____ and the policy number is _____.

I have the following chronic illnesses or disorders: _____. I have with me all the necessary medications and directives for treating this illness or disorder.

Signature

Date

_____, a minor for whom I am the parent or legal guardian, has my permission to participate
Student's Name
in an Overnight Visit at the University of Pittsburgh from ___/___/___ to ___/___/___.

In case of emergency, the University of Pittsburgh may reach me by telephone at _____. If that is not possible, I authorize the University of Pittsburgh through its employees or agents to take my son/daughter to the nearest medical facility for the purposes of receiving medical care with the understanding that I will assume any and all responsibility for payment for the same. My insurance carrier is _____ and the policy number is _____.

Participant has the following chronic illnesses or disorders: _____. He/she will have with him/her all necessary medications and directives for treating this illness or disorder. On behalf of myself and my minor son/daughter,

_____, I hereby release the University of Pittsburgh and its officers, agents,
Student's Name

employees, successors, and assigns from any and all liability arising out of or in any way related to this visit and not arising directly from negligence of the University of Pittsburgh and/or its officers, agents, employees, successors, and assigns.

Signature of Parent or Legal Guardian

Date