The Experience University™
ROBERT MORRIS UNIVERSITY
ILLINOIS

PERMISSION SLIP
for Robert Morris University Weekend Away at College

As the parent/guardian of _____ (print student's name), I hereby acknowledge that he/she will attend all the activities sanctioned for Robert Morris University Weekend Away at College on August 4 through August 7, 2011 including an overnight stay in RMU student housing.

I understand that although Robert Morris University staff will be staying in student housing, my child will share a room with other students and will not be accompanied by a chaperone during that time. I understand that students participating in this trip will be accompanied by Robert Morris University staff during planned activities, but that Robert Morris University cannot be held responsible in the event of an accident/injury occurring while attending Weekend Away at College. However, I agree that in the event that an accident/injury occur, I give permission to Robert Morris University staff to transport my child for emergency treatment and sign consent forms for required medical procedures. I have provided two emergency contacts in the event of and accident/injury. I have also listed below any medical conditions that may pertain to my child's well being.

_____	_____	_____
Emergency Contact	Phone Number	Alternate Phone Number
_____	_____	_____
Emergency Contact	Phone Number	Alternate Phone Number

_____	_____
Medical Condition / Allergies	Medication(s) Currently Taken
_____	_____
Parent/Guardian Signature	Date
_____	_____
Student Signature	Date