

**University of Tennessee, Knoxville –Promise Overnight Visit Program
Permission for Participation and Medical Release Form**

If riding a bus or van please circle your pick up location: Memphis Nashville Chattanooga

PLEASE PRINT CLEARLY

PARTICIPANT INFORMATION

Name: _____ Prefers to be called: _____

SSN: _____ Birthdate: _____ Gender (please circle): Female Male

Address: _____ City: _____ State: ____ Zip: _____

PLEASE CHECK WHICH NUMBER IS BEST TO CONTACT YOU. High School Attending:

___ Telephone #: _____

___ Student Cell #: _____

E-mail address: _____

NOTE: ALL FURTHER CORRESPONDENCE REGARDING THIS PROGRAM WILL BE CONDUCTED BY EMAIL. IF YOU DO NOT HAVE EMAIL, YOU WILL BE CONTACTED BY TELEPHONE.

Have you completed a Fall 2011 Application for Admission to UT? yes ___ no ___

Remember, only students who have applied for admission will be selected for this program.

PARTICIPANT'S PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone #: _____ Home/Cell Phone#: _____

PARTICIPANT'S MEDICAL INSURANCE/CONTACT INFORMATION (must be completed)

Participant's Family Physician: _____ Telephone #: _____

Medical (Health) Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Mailing Address for Claims: _____

Contact person in case of emergency if parent or legal guardian cannot be reached:

Name: _____ Relationship to participant: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone #: _____ Alternate Telephone #: _____

PARTICIPANT’S MEDICAL INFORMATION (must be completed)

List any medical conditions from which the participant suffers (i.e. diabetes, heart/lung condition, chronic illness, etc.):

List any allergies, including medication(s):

List any medication the participant is currently taking (prescription and OTC):

**AUTHORIZATION FOR MEDICAL TREATMENT
AND LIABILITY RELEASE**

_____ is a participant in the 2010 Promise Overnight Visit Program sponsored by the Office of Undergraduate Admissions at The University of Tennessee on Friday, October 15, 2010 and Saturday, October 16, 2010. I, _____, as the parent/legal guardian of the participant, fully understand that by signing this document I agree to the following:

I hereby authorize a representative of The University of Tennessee to act on my behalf and seek or provide any medical, surgical, dental or hospital treatment rendered to the participant in the case of an accident, injury or illness. I also give consent to the treatment of the participant at a certified medical facility while the participant is involved in the 2010 Promise Program.

I hereby agree to pay all costs and expenses incurred in connection with such medical, surgical, dental or hospital treatment rendered to the aforementioned participant pursuant to this authorization.

I hereby agree that should it be necessary for the participant to return home due to medical reasons, or otherwise, the undersigned shall assume responsibility for all transportation arrangements and costs.

I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the 2010 Promise Overnight Visit Program.

I hereby authorize the participant to ride in any vehicle designated by a representative of The University of Tennessee while participating in activities for the 2010 Promise Overnight Visit Program.

I hereby authorize UT Admissions personnel to contact my school counselor and access a copy of my official high school transcript. This official transcript will be added to my official UT admission file.

I hereby authorize the participant to be photographed during the 2010 Promise Overnight Visit Program and I hereby authorize the resulting picture of participant for use by The University of Tennessee in future publications.

Parent/Legal Guardian Signature

Date

Remember, space is limited! Selection for the 2010 Promise Overnight Visit Program will be made based on academic merit and the date your registration is received. Don't forget to also apply for admission to UT at www.apply.utk.edu. **To be considered for the 2010 Promise Overnight Visit Program, a Medical Release Form, a complete application for admission and registration at <http://admissions.utk.edu/promise> must be received by Friday September 24, 2010.**

Memphis & Nashville students--please send this form, along with your admission application and high school transcript to: Charlie Folsom, Memphis Regional Office, 800 Madison Avenue, Suite 309, Memphis, TN 38163, fax (901) 448-1357, office (901)448-8289
Chattanooga/Knoxville/and all other students--send this form, admission application, and transcript to: Eric Stokes, University of Tennessee, 320 Student Services Building, Knoxville, TN 37996, fax (865) 974-1182