



Consent Form

Freshman Orientation – July 16-18, 2008

I, _____, permit _____
(Parent/Guardian Name) *(Student Name)*

to participate in the Freshman Orientation Program on the SUNYIT campus. I understand that while my child is on the SUNYIT campus he/she is responsible for complying with all campus policies and procedures.

In the event of a medical emergency, I authorize SUNYIT staff to act in obtaining medical treatment for my child. I have indicated below any chronic or temporary medical condition that should be known about my child in the event of an emergency.

(Parent/Guardian Signature)

(Student Signature)

(Date)

Please Print

Student Name: _____

Social Security Number: _____

Street/Apt #: _____

City, State, Zip: _____

Home Phone: _____ Emergency Phone: _____

Date of Birth: _____

Pertinent Medical Information: _____

