

**SONS AND DAUGHTERS PROGRAM
ALUMNAE/ I ASSOCIATION OF VASSAR COLLEGE
PARENTAL AND MEDICAL CONSENT FORM**

I, _____ (print name of parent/guardian)
allow _____ (print name of student) to
participate in the Sons & Daughters program at Vassar College in Poughkeepsie,
New York, on November 8th and 9th, 2009. In the event of a medical emergency,
I give Vassar College permission to seek/or provide medical treatment for my
child.

List any special dietary or health information: _____

List any medication presently or recently taken: _____

Parent/ Guardian Information

Address:

Daytime telephone:

Evening telephone:

Cell number:

Signature of Parent/Guardian (circle one): _____

*Please mail one copy of this consent by **October 30th, 2009**; have a second copy that should be carried by your high school junior at all times while on Vassar's campus. In the event of an emergency, it must be available to Vassar College. Thank you!*