



PARENT/GUARDIAN PERMISSION FORM

To be completed by the parent/guardian and faxed/scanned to
Enrolment Services at King's University College.

Fax: 519-433-2227 | Email: tracy.cunningham@kings.uwo.ca

STUDENT NAME:	
Health Card #:	
Mother/Father/Guardian's Name:	
Telephone # (Home):	
Telephone # (Cell):	
Additional Emergency Contact #:	
Dietary Restrictions/Food Allergies:	

ALLERGIES (Please list any allergies. If the reaction is severe, please specify):

ALLERGY	TYPE OF REACTION	USUAL TREATMENT

I, _____, agree to abide by King's University College Rules of Residence, as highlighted in the [King's Code of Conduct](#). I understand that failure to abide by these guidelines will result in the immediate notification of my parent/guardian and my removal from the conference.

I agree that King's University College and those for whom they are in law responsible shall not be liable for any injury to my person or loss or damage to my personal property arising from, or any way resulting from my participation in these activities. I further agree to indemnify and save harmless King's University College, their successors and assigns, from and against all losses, liabilities, costs and expenses that they may incur or sustain in respect of any demand, claim, action, suit or proceeding that is proposed or commences against them relating to or arising out of my failure to abide by the rules and regulations that are designed for the safety and protection of participants.

The following are prohibited in residence:

- weapons, fireworks, illegal drugs
- alcohol (for those under 19 years of age)
- misuse of the fire protection system
- dangerous, or disorderly or personally harassing acts
- smoking
- violations of building safety and security measures

Please note: guests of the opposite sex are not permitted in residence rooms between 11PM and 10AM during this event.

_____ Student's Name	_____ Signature	_____ Date	_____ School
_____ Parent/Guardian Name	_____ Signature	_____ Date	