

PARENT/GUARDIAN CONSENT FOR MINORS

This form is to be used by parents/guardians to give their consent for a student attending Millersville University (MU) for the English Language Institute's Short-Term Program.

Please ensure all information provided is correct and complete before returning this form to the Warfel Center for International Programs and Services (IPS).

Parent/Guardian's Name		Student's Name
Parent/Guardian's Home Phone	Parent/Guardian's Cell Phone	Parent/Guardian's Address (full street address, city, state, zip)
Student Citizenship	Student Date of Birth (mm/dd/yyyy)	Student Passport Number and Issuing Country

I do solemnly swear that I have legal custody of my child and that no pending divorce or child custody proceedings involving my child exist. I do hereby grant full authorization and consent for my child to travel outside of their home country to participate in the English Language Institute's Short-Term Program at Millersville University. I have approved the following travel plans:

Name and contact information of adult responsible for arrival/departure: _____

Destination/Accommodations: _____

Millersville University, Millersville, PA 17551, USA

I authorize Millersville University to make changes to the travel plans specified above as needed by the program. Under penalty of perjury, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

By this document, I recognize and understand:

- ✓ My child is required to abide by all Millersville University policies and regulations.
- ✓ My child is responsible for their own actions while visiting Millersville University and staying overnight.
- ✓ My child will be visiting and staying overnight at their own risk.
- ✓ In the event of an emergency, I give permission to Millersville University to treat and/or transport my child to a hospital for emergency medical treatment and release them from liability for their actions taken in the event of an emergency.

In consideration of Millersville University allowing my child to visit overnight, the adequacy of which is hereby acknowledged, I hereby release and hold harmless Millersville University, its trustees, officers, employees, insurers and agents loss (including reasonable attorney's fees) from consequences thereof which may be sustained by my child or by me arising out of, or in connection with, my child's overnight visit. I agree to take full responsibility for any damage done to university property by my child.

STATEMENT REGARDING MEDICATION

I understand that if my child takes medication on a regular basis, he or she is responsible for administering that medication. The English Language Institute's Short-Term Program chaperones have been instructed to not administer any prescribed medication to student participants. If your child needs over-the-counter medication (i.e. acetaminophen, ibuprofen, cough syrup, cortisone ointment, etc.), please initial here if you allow our staff and chaperones to administer this to your child.

☐ Yes, I allow Millersville's staff to administer over-the-counter medicine to my child, if needed.

List Allergies: _____

List Medical Conditions: _____

SIGN AND DATE

Parent/Guardian's DocuSign or Wet Signature

Date (mm/dd/yyyy)