



SPEL-BOUND 2015

PARENTAL PERMISSION STATEMENT

I give permission to my daughter _____, to participate in the Spelman College **Spel-Bound Honors Overview on April 18 and/or Spel-Bound Overnight Program on April 19-20, 2015**. I have read the attached program description and Rules & Regulations for Spelman visitors and acknowledge that my daughter is expected to comply with these rules and regulations at all times. I understand the failure to comply with rules and regulations established by the college may result in my daughter being sent home. I further recognize that Spelman College will be able to supervise only those activities directly sponsored by Spelman College and will not exercise control over the conduct or activities of my daughter or any other participants in the program outside of the realm of the program's official activities.

I understand that Spelman College Health Services cannot provide medical treatment to visitors. However if medical attention is needed, Health Services will facilitate medical services required in case of accident or injury, and I will not hold the college responsible. I do, however, give permission for my daughter to be transported via ambulance and treated by licensed medical professionals on an emergency basis if necessary.

Parent/Guardian: _____
(PLEASE PRINT LEGIBLY)

Signature: _____

Contact Number(s): Day _____

Evening _____ **Cell** _____

Medical Insurance Company: _____

Policy #: _____ **Group:** _____

Employer Name: _____

PLEASE SUBMIT THIS FORM WITH THE SPEL-BOUND REGISTRATION FORM BY

Monday, April 13, 2015

ATTENTION: Spelman College
Office of Admissions
350 Spelman Lane, Box 277
Atlanta, GA 30314-4399
Fax: (404) 270-5201