[](http://www.dental.umaryland.edu/)

**DENTISTRY TODAY 2014**

**STATEMENT OF PERMISSION**

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for my son/daughter/self\* to participate in the Dentistry Today program at the University of Maryland School of Dentistry. The program dates are Tuesday, June 17th – Thursday, June 19th, 2014. While I expect the University to take all reasonable precautions to protect the safety of the participant, I understand that neither the University, nor the Office of Admissions has legal responsibility in the event of an accident.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Parent/Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Self-supporting student)

Type of insurance coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return the completed Registration Form, Statement of Permission and $25 administrative fee no later than May 9th, 2014 to the address listed below. The administrative fee must be in the form of a check or money order made payable to the University of Maryland (UM).**

**University of Maryland School of Dentistry**

**Office of Admissions**

**Dean’s Suite, 6th Floor South, Room 6410**

**650 West Baltimore Street**

**Baltimore, MD 21201-1586**

*\*If you are self-supporting (not claimed by parents on 2013 ncome tax forms as a dependent) you may sign this form as “self.” Otherwise, have your parent/guardian sign the form.*