

Educational Talent Search Parent/Guardian Field Trip

Permission/Emergency Information/Informed Consent Form

I hereby grant permission for (student) _____ to participate in a field/trip activity to (location) _____ on (date) _____ and to make authorized or emergency stops as necessary.

Time of Departure (Approx.) _____ Time of Return (Approx.) _____

Students will be traveling in the following manner:

Walking _____ School Bus _____ Charter Bus _____ Rental Vehicle _____ Other _____

As the parent/guardian, I have read the field trip itinerary and details presented to me and understand that there are risks associated with my child's participation in this field trip. I acknowledge and agree that this field trip is an educational, non-commercial, activity. To the fullest extent permitted by applicable law, I, as parent/guardian of the above named student, on my own behalf as parent and on behalf of my child, hereby release, hold harmless, and indemnify Florida International University, its officers, employees and volunteer chaperones, from any and all liability for any and all claims I or my child may have arising from any act, omission, incident, accident, or injury suffered as a result of the above-named student's participation in this field trip, including, but not limited to, any injury or illness sustained as a result of consuming any food or beverage prepared by a commercial food service/outlet establishment. I also agree to immediately report to the ETS staff any injuries or illness that the above-named student may have been sustained as a result of attending this field trip.

All provisions of the Code of Student Conduct apply to field trips and related activities. To ensure student safety and compliance with the Code of Student Conduct, I hereby irrevocably and unconditionally consent to the search of my child's luggage, belongings, and rooms by FIU personnel or chaperones at all times during this field trip, including all times of transit. I also acknowledge and agree that this field trip may be canceled at any time within the sole discretion of FIU personnel, and that FIU will not provide, and has no liability for, refunds or reimbursement in the event of a canceled field trip.

I authorize university representatives to obtain medical treatment for the above-named student, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment. I agree it is my responsibility to provide to school administration information regarding any known allergies, medical conditions and/or required medications my child needs to take before, during and after the field trip. I have documented below all precautions/instructions regarding my child's medication. I have also noted any special health-related conditions or allergies regarding the above-named student.

Allergies: _____

Medical Conditions: _____

Medical Procedures/Medications: _____

Student Phone Number: _____

Print Name Parent/Guardian) _____ Signature of Parent/Guardian _____

Home Phone _____ Cell Phone _____ Work Phone _____

Alternate Emergency Contact _____

Home Phone _____ Cell Phone _____ Work Phone _____