

**Educational Talent Search Parent/Guardian Field Trip Permission/Emergency Information/Informed Consent Form**

I hereby grant permission for (student) \_\_\_\_\_ to participate in the ETS Summer Academy Field Trips between June 17 and July 12, 2024 and to make authorized or emergency stops as necessary.

Students will be traveling in the following manner: School Bus or Charter Bus \_\_\_\_\_

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 \_\_\_\_\_