



ADELPHI UNIVERSITY PARENTAL CONSENT FORM

Acknowledgment of Risk and Consent for Treatment for Minor Participants of Event or Field Trip

STUDENT'S NAME: _____

SECTION 1 *(To be completed by field trip leader)*

Class/Department: _____

Field Trip Leader: _____

Field Trip Destination: _____

Field Trip Date(s): _____

Equipment/supplies to be provided: _____

▪ by participant: _____

▪ by field trip leader: _____

Immunization required: N/A

Physical activities to be undertaken include: _____

Risks inherent in this field trip include bodily injury due to: _____

SECTION 2 *(To be completed by parent or guardian of minor participants)*

I acknowledge that there are certain risks inherent in field trips, including but not limited to those indicated in Section 1, and that all risks cannot be prevented. I represent that my minor child is physically able, with or without accommodation, to participate in this field trip, is able to use the equipment and/or supplies described above. I represent my child has obtained the required immunizations.

Should my minor child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that Adelphi University does not provide health and accident insurance for field trip participants and I agree to be financially responsible for any medical treatment. I will notify the trip leader if my minor has medical conditions about which emergency medical personnel should be informed. In case of an emergency, please contact me at *(please include area code and extension if applicable)*

Tel: _____

Signature of Parent or Guardian

Date

SECTION 3 *(General Information)*

To request disability accommodations for this field trip, please contact the Office of Disability Support Services at least 10 days in advance of the trip by calling (516) 877-3145.