



Parent Consent Form

***Note to Parents or Guardians:** Your signature at the bottom of this form indicates that you have read and understood, and agree with the contents of the entire form.

Dates of Travel: From: _____ to _____

Location: _____

Special Instructions:

Student's First Name: _____ **Last Name:** _____

Date of Birth: _____ **Grade:** _____

My son or daughter has read the rules governing school trips for students as stated in the Upward Bound Handbook, and he or she agrees to be cooperative and responsible while participating on the trip. All participants must be aware that all Upward Bound and college rules and policies continue in place during the trip. In an extreme case of rule infraction, parents or legal guardians will be contacted immediately.

Overnight Trips: I have read the itinerary for the trip. I consent to my son or daughter's participation in the trip's activities. In the event the student requires the administration of medications during a field trip, the Medication Authorization Form must be completed by Parent/Guardian and returned to Upward Bound staff.

Student has the following health concern: (Brief description)

I give permission for my child to self-administer: Acetaminophen Ibuprofen **Other:** _____

Student ***DOES NOT*** REQUIRE MEDICATION during the trip

Student ***DOES*** REQUIRE MEDIATION during the trip

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Home Address: _____ **City** _____ **State** _____ **Zip** _____

Home Telephone _____ **Work Number** _____ **Cell Number** _____

Emergency Contact Person's Name: _____

Emergency Contact Person's Phone Number: _____

Medical Insurance Carrier (required): _____

Policy Number: (required): _____



We certify that we are the parent(s) or legal guardian(s) of the above named participant and further certify that my child has permission to attend and participate in the Upward Bound trip.