



FIELD TRIP/COLLEGE ACTIVITY CONSENT FORM

Student Name _____ Student ECC ID Number _____

This consent form has been signed only after understanding and considering the following:

Trip Planned:

Transportation:

If the student uses his/her own transportation or any mode of transportation to this event, neither Elgin Community College nor its representatives will be responsible for any damages which might arise in relation to transportation.

Dates & Times:

Purposes of Trip:

Supervisor(s):

Other Requirements:

Expectations and instructions: I understand that I am expected, and have been instructed by the supervisors, as follows:

- a) to follow instructions given by supervisor(s)
b) no student will be allowed to leave the premises without supervision and authorization by the named supervisors
c) all public laws and ordinances, including traffic regulations will be obeyed
d) all pertinent rules and regulations of Elgin Community College, including prohibitions of possession, use, or transporting of drugs or alcohol regardless of age
e) no guest(s) other than ECC students of the same sex will be allowed in the same lodging accommodations
f) the usage of good citizenship, good decorum and common courtesy

In the event any of the above rules are violated, disciplinary action may be requested.

Insurance: I understand that the Board of Trustees does not or may not carry insurance relative to the trip or for injuries to me. Therefore, I have been advised to obtain insurance either through the student insurance program or through a private individual insurance carrier.

I request that I (student's name) _____ be allowed to participate in the trip planned and specifically consent to my participation.

If any medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion. I release and waive, and further agree to indemnify, hold harmless or reimburse the Board of Trustees of Elgin Community College, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim which I, any parent or guardian, any sibling or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with my participation in the trip or the rendering of emergency medical procedures or treatment, if any. I understand that I am responsible for payment of any such treatment.

IN CASE OF EMERGENCY CONTACT:

Name _____ Any chronic medical condition ___Yes___No
Address _____ I have been diagnosed with: _____
Phone # _____ Are you currently taking any prescribed medication? ___Yes___No
Relationship to Student _____ I am taking _____
Any special instructions/limitations regarding medication?
___Yes___No _____

ADDITIONAL HEALTH INFORMATION:

Allergies or history of allergic reaction to:
___Foods_____
___Medications_____

Student's Signature: _____

Street Address, City, State, Zip: _____

Telephone: () _____ Date: _____

Parent or Guardian Signature (if minor): _____

*STUDENTS UNDER THE AGE OF 18 YEARS OLD MUST HAVE A PARENT OR GUARDIAN SIGN THIS FORM.

**Disabled students with special transportation needs should submit written notification to the supervisor of the trip if special accommodations are necessary.