



EDUCATIONAL TALENT SEARCH

OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION, MONTANA UNIVERSITY SYSTEM

FIELD TRIP CONSENT FORM

Your student is participating in an educational field trip as part of his/her participation in the Educational Talent Search (“ETS”) program.

Place: _____

Purpose: _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

ETS Staff Person’s Name: _____
Printed Name Signature

Please return this form to ETS by _____. Failure to return this permission form by the deadline will indicate your disapproval of your student attending the trip and alternative assignments will be made for your student.

ETS requires parental/guardian permission before allowing a student to travel with the program. If you would like your student to participate, please carefully read and sign this document.

I hereby give my permission for my student, _____, to take part in the above-mentioned field trip. Transportation will be provided by ETS.

In the event it becomes necessary for the ETS staff in charge to obtain emergency care for my student, I authorize ETS employees or volunteers in charge of my student to obtain all necessary emergency medical care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment to my student.

Does your student have a medical condition or are there other special circumstances which ETS should be aware of before allowing your child to participate on a field trip? Yes _____ No _____
If “yes”, please state the nature of the medical condition or other special circumstances: _____

Birth date of student: _____ (Required in case of medical emergency)

In the event of unforeseen circumstances (emergency, change of itinerary, etc.) please list contact person and phone number: _____
Contact Name Phone #

Parent or Guardian: _____
Printed Name Signature

Date Signed: _____

Address of Parent or Guardian: _____