



Important - Please read. This form is to be completed by parent/guardian.

This parental/guardian permission & release form provides consent to Idaho State University (ISU) TRIO program participant (student) listed below to attend TRIO sponsored events/activities. The TRIO participant will need to complete an RSVP for each event as space is limited. The TRIO participant may be required to complete additional forms that are requested by third parties. TRIO participants must have fully completed and submitted the permission and release form to the TRIO office before participating in any TRIO sponsored event/activity.

Student Information

Students Legal First Name: \_\_\_\_\_ Students Legal Last Name: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender Identity:  Male  Female  Other (specify): \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Student Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Parent Cell/Home Phone#: \_\_\_\_\_ Parent Email#: \_\_\_\_\_

Emergency Contact (please list one different from above listed parent/guardian): \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Medical Information

Any information left blank, ISU TRIO will presume the participant has no listed medical needs. If medical information changes at any point after signing the document, ISU TRIO requires a written notice of the changes emailed to trio@isu.edu before participating in any TRIO sponsored event/activity

1. Please list any allergies or special dietary needs for the participant (student).

a. Allergies (list specific allergies): \_\_\_\_\_

b. Dietary needs: \_\_\_\_\_

2. Please list any medical condition of the participant : \_\_\_\_\_

3. Please list any medication(s) the participant is currently taking, along with dosage, timingm and purpose:

\_\_\_\_\_  
\_\_\_\_\_

4. Please place a check beside the items listed below that you give ISU TRIO Staff permission to administer to the stated participant (student) during TRIO events/activities, including generic brands. If you DO NOT check any boxes the University/TRIO CANNOT distribute any over-the-counter medication.

- Neosporin  Tylenol  Ibuprofen  Dramamine
 DayQuil  Tums  Pepto Bismal  Benadryl

Annual Parental/Guarduan Permission and Release Form Consent

Signature on page two of this release hereby acknowledges that the information provided above for the participant (student) is true and accurate to the best of my abilities. Any updates or changes to the provided information will require me to provide those in written form to the TRIO office. The participant understands and is responsible/capable in administering their own prescription medication.

Office Use:

Date Turned in: \_\_\_\_\_

Advisor: \_\_\_\_\_

Blumen? Y/N Date Permission Slip Entered In: \_\_\_\_\_

Initial: \_\_\_\_\_

# Idaho State University -TRIO Programs

## Parental/Guardian Permission & Assumption of Risk Form

### Student Information

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Student's First Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_

School Attending : \_\_\_\_\_

Grade: \_\_\_\_\_

### Student Responsibilities

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- Understand that University TRIO rules supersede rules from home.
- Respectfully follow directions of chaperons, tour guides, and respect fellow participants.
- Be on time for each activity: this includes each time we board the bus/train/plane.
- Never wear gang affiliated, revealing, and questionable or inappropriate clothing.
- Never use gang hand signs, use inappropriate, intimidating, harassing and/or profane language.
- Never bring weapons or display violent behavior.
- Understand students will not be able to leave with friends, family, or relatives while on the field trip.
- Avoid public and private displays of affection.
- Never enter the room/residence halls of an opposite gender.
- Understand there will be consequences, determined by chaperons/director, when rules are not followed.
- Understand parents will be called in situations involving tobacco, alcohol, drugs, weapons, and inappropriate behavior.
- Understand parents may have to pick up participants early in the event of illness, emergency, rules violation, or any incident involving the police.

### Parent(s)/Guardian(s)

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Idaho State University TRIO Program monitoring of participants activities and behavior on field trips:

1. Starts when participant boards the bus/van/plan at the beginning of the trip and;
2. Ends when participant departs the bus/van/plan at the end of the trip.

### Assumption of Risk

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Acknowledgement of Risk: Parents and participants who plan to attend any Idaho State University TRIO sponsored field during the course of participation in the program must sign this parental/guardian permission and assumption of risk form. I (meaning an adult participant for him/herself and/or parent/guardian of a minor participant on behalf of minor) acknowledge I will read all field trip agendas and do voluntarily accept all risks inherent, known, or unanticipated associated with participating in TRIO activities. These risks include, but are not limited to: physical or emotional injury associated with the activity, risks associated with transportation; reactions related to food consumption such as choking or allergic reactions, etc.; risks related to sporting events; risks related to activities involving water, including boating; damage to property or third parties, or even death. I certify that the participant (myself and/or minor child) has knowledge of the voluntary assumed risks, has no physical or mental limitations that would preclude safe participation, and will abide by the rules of the TRIO sponsored activity. I acknowledge that insurance coverage for bodily and property damage is my personal responsibility as is the cost of any necessary emergency medical treatment. I hereby give permission for emergency medical care, including transportation to and exchange of medical information with a medical facility. Furthermore, I grant ISU the right to use, for promotional purposes, any photographs or video footage taken of me or my minor child while participating in the TRIO activity. Use of own vehicle: I understand that if I drive my own vehicle to the event or pick up locations, or if I am a passenger in a vehicle not owned or operated by ISU, ISU is not responsible for any damage or injury caused by or arising from such transportation. I accept full responsibility for the liability, safety and security of myself and/or minor and any passengers, as well as the acts of myself for my minor child. Furthermore, I acknowledge that I am solely responsible for any action of my own and/or my minor child that arise outside the scope of those actions licensed by ISU for purposes of the TRIO sponsored activity, regardless if occurring before, during, or after the period of activity. I acknowledge and understand TRIO Access & Opportunity Programs rules of conduct on trips (attached to field trip permission slip) and failure to obey chaperon's rules and expectations will result in expulsion from the activity. Misbehavior of any type could lead to expulsion from the program. If I am executing this document as a parent/guardian of a minor child, I represent and warrant that I have the legal right to execute this form on behalf of the minor and that the form, once executed by me, is fully enforceable in accordance with its terms.

**Signature means you have READ and UNDERSTAND Idaho State University policies, TRIO Programs Rules/Expectations, the Medical Release form, and all information provided on page 1 of the permission slip are complete and accurate.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date