

Permission Form Floating Classroom Program

NAME of MINOR Child: _____

ADDRESS: _____ PHONE (____) _____

AGE _____ EMAIL ADDRESS _____

PARENT/GUARDIAN NAME (S):

WILL A PARENT BE ATTENDING THE PROGRAM? _____ If Not, what adult will be responsible for the above child: _____

EMERGENCY CONTACT NUMBERS: (include area code) _____

The child named above has my permission to attend and participate in the Floating Classroom Program on _____ (date). I understand that even though risks have been identified, prioritized and managed to the highest degree possible, unpredictable situations may be encountered on, in, or near the water which may pose a danger to participants.

The undersigned agrees to hold the field trip coordinators, the Texas A&M University's Floating Classroom Program, and their representatives, harmless from any claim for injury to the above named child arising out of or in any way connected with the above named activity. If we the undersigned parent/guardian cannot be contacted, we do hereby consent to any x-rays, examinations, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general or special instructions of an emergency room physician. It is understood that this consent is given in advance of any specific diagnosis or treatment, and that I/we the undersigned are responsible for all charges for the above mentioned diagnosis, treatment, or hospital care. It is also understood that possession and/or use of illegal drugs, alcohol, profane or abusive language, weapons, or vandalism may result in this child being removed from the program and sent home at my expense.

KNOWN ALLERGIES (medical or food): _____

MEDICAL PROBLEMS , SPECIAL NEEDS OR MEDICATIONS : _____

INSURANCE COMPANY _____ POLICY # _____

PARENT/GUARDIAN SIGNATURE:

_____ DATE _____