

TOLEDO EXCEL
2015 Senior Trip "Cedar Point" – Group XXIII

Parent Permission and Release Form

I, _____, give my permission for my Son/Daughter _____,
(Print Parent Name) (Print Student Name)
to participate in the **TOLEDO EXCEL Senior Trip to Cedar Point, Tuesday, July 14, 2015.**

I understand that my son/daughter will be supervised at all times by the EXCEL staff and that my son/daughter will adhere to any and all rules, regulations and curfews prescribed by the program director prior to and during the field study.

I also understand that neither the EXCEL Program nor The University of Toledo will be held liable for any negative activities and/or field trips sponsored by The University of Toledo EXCEL Program.

I give the TOLEDO EXCEL Program at The University of Toledo my permission to allow **medical treatment** for my son or daughter in the event of an emergency during the time that he/she is a participant in the TOLEDO EXCEL Program during the **Senior Point to Cedar Point on Tuesday, July 14, 2015.**

I understand that in signing below and authorizing permission for necessary medical treatment, I release TOLEDO EXCEL and The University of Toledo from any liability, which may result from any possible injuries, which may occur to my child during his/her participation in TOLEDO EXCEL.

I give my consent to release for publication any visual and oral record or media which may include my son/daughter while he/she is a participant of TOLEDO EXCEL.

(Print Parent Name) (Parent Signature) (Date)

1) My son/daughter is sensitive/allergic to the following medications and or foods:

2) My son/daughter must take the following medications daily:

Insurance company _____ Policy # _____ Group/Individual (Circle One)
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Part II: Student Section

I, _____, understand that in signing below, I agree to follow and adhere to any and all
(Print Student Name)
rules, regulations and curfews prescribed by the program director and staff prior to and during the field study. I also understand that neither the EXCEL Program nor the University of Toledo will be held liable for **any** negative action should I, _____, **fail** to comply with the written rules, regulations and curfews
(Print Student Name)
established for the activities and/or field studies sponsored by the University of Toledo EXCEL Program.

(Print Student Name) (Student Signature) (Date)