

**Student Travel – Academic Year 2024-2025
Authorization for Emergency Medical Treatment
Minor – For Persons Younger than 18 Years of Age**

Part I. Medical Information (Please type or print legibly)

Name:

Last _____ *First* _____ *MI* _____

Address:

Street _____ *City* _____ *State* _____ *Zip* _____

Phone:

Day () - *Night* () - *Email:* _____

Emergency Contact:

Name:

Last _____ *First* _____ *MI* _____

Address:

Street _____ *City* _____ *State* _____ *Zip* _____

Phone:

Day () - *Night* () - *Cell* () -

Physicians Name: _____

Address:

Street _____ *City* _____ *State* _____ *Zip* _____

Phone:

Office () - *Emergency* () -

Dentist's Name: _____

Address:

Street _____ *City* _____ *State* _____ *Zip* _____

Phone:

Office () - *Emergency* () -

Health Insurance Company Name: _____

Policy Number _____

Allergies _____

Current Medications _____

Special Health Needs _____

Part II. Emergency Medical Authorization

I, the undersigned, do hereby authorize Marion Technical College and its agents or representatives to consent, on behalf of my child/ward, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician to my child/ward. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

I agree that this form be kept on file for the duration of the academic year (Summer 2024- Summer 2025) in the case that I authorize my child/ward to participate in more than one travel opportunity during the academic year. Upon conclusion of the academic year, this form will be destroyed. Following destruction of the form, a new form will need to be signed and filed for travel in future academic years.

I am eighteen (18) years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

Date

Release and Indemnification Agreement – Minor

Student Activities & Travel

Academic Year 2024-2025

Student:

Student ID Number*:

Name - First and Last name – Please Type or Print

*Does not apply to non-students

Address

City

State

ZIP

Phone Number

Email Address

I, the parent/guardian for the above named student, am eighteen years of age or older and have voluntarily authorized my child/ward to participate in the travel opportunities for classroom experience, extracurricular activities, etc.. I acknowledge that any travel may expose my child/ward to hazards or risks that may result in illness, injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my child/ward’s participation in travel opportunities, I hereby accept all risk to my child/ward’s health and of injury or death that may result from such participation and I hereby release Marion Technical College, its trustees, employees, officers, and agents from any and all liability to me, my child/ward, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my child/ward, including their death, that may result from or occur during their participation in any travel during the academic year, whether caused by negligence of Marion Technical College, its trustees, employees, officers, and agents, or otherwise. I further agree to indemnify and hold harmless Marion Technical College and its trustees, employees, officers and agents from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while my child/ward participates in any travel opportunities during the academic year.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my child/ward’s injury or death or damage to their property that occurs while participating in travel during the academic year and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by child/ward’s negligent or intentional act or omission.

I also agree that this form be kept on file for the duration of the academic year (Summer 2024- Summer 2025) in the case that I authorize my child/ward to participate in more than one travel opportunity during the academic year. Upon conclusion of the academic year, this form will be destroyed. Following destruction of the form, a new form will need to be signed and filed for travel in future academic years. The effective dates of this release are June 01, 2024 to June 01, 2025

Signature of Student

Date signed: _____

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date signed: _____