



C.O.O.L. Program Travel Consent Form



Please complete all sections of this form. If a section is not applicable please write N/A.

Student Name: _____

Date: _____

Phone No.: _____

Cell No.: _____

Parent's Name: _____

Address: _____

Family Physician: _____

Dr. Phone: _____

Insurance Co.: _____

Policy No.: _____

Other insurance information or special instructions: _____

List any medication this student uses or may need:

List any medical problem the student might have **including allergies to medicines or food:**

I give permission for my child _____ to attend **ANY ONE DAY** college tour with Abilene ISD/Abilene Education Foundation (AEF) staff during the 2013-2014 school year. Further I hereby give my consent for the AEF to use my child's photograph and likeness to be used in its publications, including its website. I release AEF from any expectation of confidentiality and attest that I am the parent or legal guardian of the child listed above. I further give my consent for any sponsor to search my child's luggage or room if it is suspected that any prohibited items such as weapons, alcohol or drugs (including prescription drugs if not prescribed by a doctor to my child) might be in that child's possession or room. I understand if prohibited items are found, or if my child breaks curfew and leaves his/her room without the consent of a sponsor, I will be contacted to pick up my child immediately, at my own expense, from his current location and the school's police officer will be contacted.

Please read the following statement carefully!

In case of an emergency, we will make every effort to contact the parents of the student. If the situation is critical and you cannot be reached, we need to have your permission to obtain necessary treatment for your child.

"In the event my child, _____, is the victim of an accident or sudden illness and I cannot be reached by telephone, I hereby authorize **Christine Curtis-Carr, William Medina, LaQuiera Gantt, Amanda Hothan**, or **Any Sponsors of Abilene Education Foundation** or **Abilene ISD**, present on the trip, to take whatever measures are necessary for the emergency treatment of my child. I understand these measures may include: emergency surgery, medication, or whatever is deemed necessary by the attending physician. I fully understand that I am responsible for any expenses incurred as a result of any accident or illness my child may have while on this trip. I do not hold Abilene ISD or Abilene Education Foundation, or the representatives of Abilene ISD or Abilene Education Foundation responsible for any misfortune which might occur on this trip."

Parent or Guardian's Name (Print Clearly): _____

Parent or Guardian's Signature: _____ **Date:** _____