



### Request for Day Travel – Students Under Age 18

Student Name:		B#:	
Address:		Date of Birth:	
Phone:	E-Mail:		
Type/Name of Event:	Event Location:		
Date and Estimated Time of Departure:	Estimated Time of Return:		
Name of EFSC Representative(s) Traveling/Supervising Event:			

The above-named student under the age of 18 (hereinafter “minor student”), through their parent or legal guardian, requests permission to attend the Event described above, and hereby acknowledges:

- Section 806.5 of the College’s Procedures Manual provides:

*Minor students and their parents/guardians should understand that separate travel arrangements and accommodations may be required for minor students who wish to attend off-campus extracurricular activities and events.*

- Section 301.3 of the College’s Student Activities Handbook provides:

*For overnight travel, the minor student must be accompanied by their parent or legal guardian at all times. This includes all activities throughout the day and night including travel, lodging, meals, event activities, and free time. **For day trips, minor students may attend without their parent or legal guardian with permission of the parent or legal guardian and the Associate Provost/Dean or designee.***

- The Event, including travel to and from, will be complete within one day and will not involve an overnight stay.
- If permission is granted, I agree to abide by all local, state, and federal laws and ordinances, as well as the EFSC Student Code of Conduct and applicable policies and procedures during the time period identified above.

<b>PARENT/LEGAL GUARDIAN - PERMISSION TO TRAVEL AND MEDICAL CONSENT TO TREAT STUDENT</b>	
I am the parent or legal guardian of the student. On behalf of myself and the student, I acknowledge and agree to the terms of this Request for Day Travel – Students Under age 18, and grant my permission for the student to attend the Event. In case of medical emergency, EFSC representatives may contact appropriate medical personnel, who have my consent to provide necessary medical treatment to the student. I then request to be notified of the situation. I can be reached at:	
_____	
Parent/Legal Guardian Name: _____	Relationship: _____
Signature: _____	Date: _____
<b>DECISION OF ASSOCIATE PROVOST/DEAN (OR DESIGNEE)</b>	
Print Name: _____	Title: _____
Signature: _____	Date: _____
Request is:    Approved / Denied    (circle one)	