University of North Carolina at Charlotte
Field Trip Acknowledgment of Risk and Consent for Treatment

Section 1  (To be completed by field trip leader)

Class: _____________________________  Field Trip Date(s): ___________________
Field Trip Leader: _____________________  Telephone: _____________________
Address: _________________________________________________________________

Equipment/supplies to be provided--
   • By participant: _________________________________________________________
   • By field trip leader: ____________________________________________________

Immunizations required: _______________________________________________________

Physical activities to be undertaken include: ________________________________

Risks inherent in this field trip include physical or psychological injury due to: ________________

Alternative project or activity available for credit (if acknowledgment/consent not given): _____________

Section 2  (To be completed by field trip participant or parent or guardian of minor field trip participant)

I acknowledge that there are certain risks inherent in field trips, including but not limited to those indicated in Section 1 above, and that all risks cannot be prevented. I represent that I/my minor child am/is physically able, with or without accommodation, to participate in this field trip, am/is able to use the equipment and/or supplies described above, and have/has obtained the required immunizations.

Should I/my minor child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I agree to be financially responsible for any medical bills incurred as a result of such emergency medical treatment. I will notify the trip leader if I/my minor child have/has any medical condition about which emergency medical personnel should be informed.

In case of emergency, please contact: __________________________________________

Relation to Participant: _______________________________________________________
Telephone: (____) _______________  Cell phone: (____) _________________________

Signature of Participant (if not a minor)  Date
_________________________________________  __________________________

Signature of Parent/Guardian of Minor Participant  Date
_________________________________________  __________________________

Section 3 (General Information)

To request disability accommodations for this field trip, please contact Disability Services at least 10 days before the trip at 704-687-0040 (voice/TDD) or at disability@uncc.edu.