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.