

Student Travel Agreement

Conference Name

Student Organization

1. Agree to abide by the policies as stated in the Student Handbook.
 2. No use or possession of alcoholic beverages or illegal drugs.
 3. No participant is to be in or operate any vehicle unless a staff member in charge is present and gives permission for such use.
 4. Leave the emergency contact information with a relative or friend.
 5. Pack and travel light.
 6. Transportation must be by the college vehicle, when applicable.
 7. There is no smoking allowed on the buses.
 8. HAVE A GREAT TIME!!
-

Student's signature: _____

Print Name: _____

Telephone: _____ Student I.D. #: _____

Date: _____ Campus: _____

Student Travel Agreement

I. DISCLOSURE:

The Broward Community College Student Life Department involves a variety of activities that often include warm-ups, games, group initiative problems, low and high challenge course elements and other rigorous physical activities. The level of participation in all programs and activities is at all times completely up to the individual. Yet there are risks which must be assumed by each participant, that he or she may suffer an emotional or physical injury and disability. Certain health/medical information must be known to the instructor(s) conducting programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to Broward Community College Student Life Department.

II. GROUND RULES:

You are representing Broward Community College and in order to participate in this event, every participant is expected to adhere to the following guidelines. Please sign below to acknowledge that you have read these rules and agree to abide by them.

Student Travel Agreement

III. WAIVER OF HEALTH INSURANCE

Broward Community College Student Life strongly encourages students who participate in Student Life Travel events to provide proof of health and accident insurance. If you have insurance, please provide a copy a photocopy of your health insurance card with this packet. If you do not have health insurance, you may purchase coverage through "Insurance for Students" at a discounted rate. Applications are available in the Student Life Office.

I understand that BCC encourages students to provide their own health care coverage. I also understand that the cost of treatment for any injuries while on this college sponsored trip will be my responsibility.

Student's Name – Print

Date

Student's Signature

(Parent must sign if participant is under the age of 18)

Parent/ Guardian's Name – Print

Date

Parent/ Guardian's Signature

Student Travel Agreement

IV. PERSONAL HEALTH AND MEDICAL FORM

(Please print)

1. IDENTIFICATION

Name: _____ Birth date: _____ Sex: _____

Address: _____ Phone: _____

City, St: _____ Zip: _____

Date of Birth: _____

2. IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Business Phone: _____

3. EMERGENCY MEDICAL INFORMATION

Has or is subject to: (check all that apply)

Allergies to medicine, food, plant, animal, or insect toxin
 Any condition that may require special care, medicine, or diet
 Asthma Bleeding disorders Heart trouble
 Convulsions Diabetes Fainting

Explain: _____

Student Travel Agreement

4. Immunizations

	<u>Last Given</u>	
Tetanus	_____	
Diphtheria	_____	
Polio	_____	
Has had	<u>Vaccination</u>	<u>Disease</u>
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Pertusis	_____	_____
Chicken Pox	_____	_____

5. Date of last medical exam

_____ / _____
 Month Year

6. IS THERE ANY HISTORY OF DISEASE (PAST OR PRESENT)

	<u>No</u>	<u>Yes</u>
Serious Injury	_____	_____
Serious Illness	_____	_____
Deformity	_____	_____
Surgery	_____	_____
Skin, gland	_____	_____
Ears, Eyes	_____	_____
Nose, sinus	_____	_____
Chest, Lung	_____	_____
Heart	_____	_____
Rheumatic Fever	_____	_____
Stomach, Bowels	_____	_____
Appendicitis	_____	_____
Kidneys, urine	_____	_____
Albumin	_____	_____

No

Yes

Student Travel Agreement

Sugar	___	___
Infection	___	___
Menstrual Problems	___	___
Hernia	___	___
Back, limbs	___	___
Sleepwalking	___	___
Nervous condition	___	___
Other	___	___

EXPLAIN: _____

7. IS THERE ANY OTHER MEDICAL INFORMATION THAT WE SHOULD BE AWARE OF? IF YES, PLEASE

EXPLAIN: _____

8. Has it ever been necessary to restrict applicant's activities for medical reasons?

___yes ___no

9. Does applicant take any regular medicine or have special care?

___yes ___no

List medications currently taken:

Student Travel Agreement

V. PERSONAL or PARENT STATEMENT

To the best of my knowledge, the information on this form is true and accurate. I give my permission for full participation in the retreat, subject to the limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

Student's Name – Print

Date

Student's Signature

(Parent must sign if participant is under the age of 18)

Parent/ Guardian's Name – Print

Date

Parent/ Guardian's Signature

VI. Facility Rules Agreement

I understand that the facility is a non-smoking facility, both inside and outside. I have been told that I must follow the State law and the rules of the facility. If I do not follow the State law and the facility rules then I will be subject to discipline by the Dean of Student Affairs on my campus and exclusion from future BCC Student Life sponsored trips. I respect the rules of the host facility and will abide by them.

Student's signature _____

Student Travel Agreement

VII. PHOTO MEDIA RELEASE:

I, the undersigned, grant Broward Community College, Student Life Department, and persons acting through them, the right to use reproduces, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

Student's Name – Print

Date

Student's Signature

(Parent must sign if participant is under the age of 18)

Parent/ Guardian's Name – Print

Date

Parent/ Guardian's Signature