



OSWEGO

STATE UNIVERSITY OF NEW YORK

PARENT/GUARDIAN PERMISSION FORM – SUNY OSWEGO BUS TRIP

SUNY Oswego’s Admissions Office must receive this form *prior* to departure. Please ensure timely delivery.

STUDENT INFORMATION (TO BE COMPLETED BY THE STUDENT)

First Name: _____ Last Name: _____

Home Address: _____

Date of Birth (Month/Day/Year): ____/____/____ Sex: M or F (circle one)

I certify by my signature that I will comply with all school rules and regulations

Also, I certify that the content of my luggage conforms to school rules and regulations.

Student Signature: _____ Date: ____/____/____

PERSON TO NOTIFY IN CASE OF EMERGENCY (TO BE COMPLETED BY PARENT/GUARDIAN)

First Name: _____ Last Name: _____

Relationship to Student: Parent or Legal Guardian (circle one)

Home Address: _____

Home Phone Number: (____) ____ - ____ Cell Phone Number: (____) ____ - ____

FOR PARENTS AND GUARDIANS (SIGNATURE REQUIRED)

I hereby acknowledge, understand and agree that SUNY Oswego shall not be responsible or liable for any damages of any type whatsoever arising in relation to the above travel, including but not limited to personal injury, property loss or damage, inconvenience, shortened duration of the trip, default or negligence of any company or person engaged in carrying out any arrangement in connection with the tour/trip, or trip cancellation for any reason.

In order to quickly procure any necessary emergency care for students and to protect the physicians and institutions involved, it is requested that you sign and provide consent for any emergency treatment below. **Be assured we will make every effort to immediately notify parents/guardians in the event of serious accidents or illness.** Your cooperation in this matter is greatly appreciated.

I, _____, parent or legal guardian of _____ pursuant to the
(parent/legal guardian name) (student’s name)
authority invested in me do hereby authorize the medical staff of the State University of New York, upon consulting with a practicing physician or surgeon, to exercise for me and on my behalf, all rights and duties with reference to consenting appropriate medical, psychiatric and surgical treatment, anesthetics, medicines and hospitalization, including care and treatment, by any hospital/staff surgeon, physician or radiologist that they deem necessary for the emergency care of my child.

Signed (Parent/Guardian): _____ Date: ____/____/____