

CEI PARENTAL AUTHORIZATION FORM

Student Information:

Student Name: _____

Course: _____

Event: _____

Dear Parent/Guardian,

We are pleased to inform you about an upcoming college-funded trip/event organized by the College of Eastern Idaho. This event will be a valuable educational experience for our students, and we invite your child to participate. We kindly request your authorization by completing and returning this form.

Trip/Event Details:

Trip/Event

Date(s): _____

Destination: _____

Departure Date & Time: _____

Return Date & Time: _____

Parental Authorization: I, as the parent/guardian of the above-mentioned student, grant permission for my child to participate in the college-funded trip/event. I understand and agree to the following terms and conditions:

1. My child will be under the supervision of responsible teachers and staff members throughout the duration of the event.
2. I authorize my child to travel with the group as arranged by the school.
3. In the event of an accident, injury, or illness, I authorize the school staff to provide necessary medical treatment or emergency care to my child.
4. I will ensure that my child is adequately prepared for the trip, including packing necessary clothing, personal items, medications (if applicable), and any other required materials as advised by the school.
5. I will be available and reachable during the event period and provide accurate contact information where I can be reached in case of an emergency.
6. I understand that while the school will take all reasonable precautions to ensure the safety and security of the students, there may be inherent risks associated with the trip, and I release the school and its staff from any liability arising from these risks.

7. I accept responsibility for my child's actions on this college-funded trip and indemnify, defend and hold the college harmless from any damages or injuries which may be caused by my child during the trip.
8. I understand that my child must comply with the College of Eastern Idaho Student Code of Conduct during the funded trip, and disciplinary actions may be taken if the code is not followed.

Parent/Guardian Authorization (please check and fill in the required information):

- I authorize my child to participate in the overnight class event.
- I have enclosed a copy of my identification for verification purposes.

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Information:

Primary Contact Name: _____

Relationship to Student: _____

Phone Number: _____

Secondary Contact Name: _____

Relationship to Student: _____

Phone Number: _____

Please return this completed form to the instructor by _____. If you have any questions or require further information, please do not hesitate to contact us at the provided contact information.