



## INFORMATION, AGREEMENT, AND PERMISSION PACKET FOR UNIVERSITY SCHOOL OF MILWAUKEE INTERNATIONAL OFF-CAMPUS PROGRAMS AND TRAVEL

For any University School of Milwaukee (USM) off-campus program and travel lasting more than one day, (hereinafter “Program”), participating students and their parents/legal guardians must review the information in this packet and sign and submit the agreement (hereinafter “Agreement”) and the other forms in the packet.

Please sign two copies of the Agreement and each other form in the packet and return them to the Program Leader(s). Failure to do so may result in difficulties with your son or daughter’s ability to participate in the Program.

Included in this packet are the following:

- **PROGRAM DESCRIPTION**

This description has been prepared by the Program Leader(s) and provides a general overview of the Program and travel.

- **FORM 1:** GENERAL REQUIREMENTS AND CODE OF CONDUCT
- **FORM 2:** WAIVER AND RELEASE OF LIABILITY
- **FORM 3:** ACKNOWLEDGEMENT OF THE UNIVERSITY SCHOOL OF MILWAUKEE’S OFF-CAMPUS PROGRAM AND TRAVEL CANCELLATION POLICY
- **FORMS 4, 4A, 4B and 4C:** PARENTAL MEDICAL AUTHORIZATION (for students under 18), MEDICAL AUTHORIZATION (for students 18 or older), HEALTH INFORMATION FORMS, and TRAVEL MEDICINE CONSULTATION FORM (Form 4C is for international travel only)
- **FORM 5 and 5A:** INSURANCE INFORMATION AND PERSONAL AND SUPPLEMENTAL INSURANCE INFORMATION FORMS
- **FORM 6:** PASSPORT INFORMATION FORM (not applicable for domestic programs)
- **FORM 7:** FLIGHT INFORMATION FORM (only for trips involving flights)
- **FORM 8:** EMERGENCY CONTACT AND INFORMATION RELEASE FORM
- **FORM 9:** NOTARIZED PERMISSION FOR INTERNATIONAL TRAVEL (not applicable for domestic programs)

*THESE DOCUMENTS HAVE IMPORTANT LEGAL CONSEQUENCES  
DO NOT SIGN THEM UNLESS YOU KNOW WHAT THEY MEAN.*



## FORM 1: GENERAL REQUIREMENTS AND CODE OF CONDUCT

The parties to this Agreement (which consists of the Program Description and Forms 1-9, each of which is incorporated by reference) are the “Student,” the Student’s parents or legal guardians, the “Program Leader(s)” as designated in the Program Description, and University School of Milwaukee (“School” or “USM”). The Student, with the consent of the Student’s parents or legal guardians, has voluntarily chosen to participate in the Program described in the attached Program Description.

The Student and his/her parents/legal guardians:

- will complete all attached forms and provide the necessary information as detailed in this packet,
- certify that the information provided in this information and permission packet is correct, and
- agree to keep it updated as necessary.

### 1. Code of Conduct and Adherence to Standards

- The Student and his/her parents/legal guardians understand that:
  - by participating in a USM Program, the Student is subject to both rules and regulations of USM and of any host school, company or organization that may be involved regarding conduct and scholarship in the program and will be subject to School disciplinary action up to and including expulsion from the School for violations thereof.
  - the Student will be subject to the laws of the country where the Student is studying or traveling.
  - Consumption of illegal drugs will not be tolerated. The laws of many foreign countries state that possession or use of illegal drugs is punishable by fine, imprisonment, and/or deportation.
  - Consumption of alcohol in any country where it is unlawful for the Student to drink because of his or her age or for any other reason will not be tolerated. In some foreign countries alcohol consumption by people under the age of 21 is lawful. Regardless of local law, the school prohibits consumption of alcohol at all times by all students. Under all circumstances, use/consumption of alcohol is prohibited and will result in appropriate disciplinary procedures.
- The Student agrees:
  - to abide by all policies, rules, and regulations of the School and the host school, company, or organization and all rules, regulations, and laws of the countries to be visited.
  - to obey all directives issued by the School, the Program Leader(s), any associated individuals, institutions, or organizations, or the United States Government.

### 2. Program Participation

- The Student understands and agrees to attend and participate in all activities that are part of the Program.
- The Student and his/her parents/legal guardians understand that failure to do so may result in the reduction of Student’s grade (if applicable), including the possibility of course failure, or termination from the Program, or both.

### 3. Financial Obligations

- The Student and his/her parents or legal guardians agree:
  - That their USM account is current and in good standing.
  - to pay any money owed to cover any Program fees (for travel, accommodations, cultural visits and the like) by the date specified by the Program Leader(s).
  - to abide by the School’s refund policies on Program and travel fees.

**4. Program Modification and Cancellation**

The Student and his/her parents/guardians understand and agree that School reserves the right to cancel or modify the Program before or during its operation for any reason including, but not limited to, emergencies, low enrollment, unavailability of one or more facilities or personnel, and changed conditions.

**5. Termination of Participation**

- The Student understands and agrees that, while participating in the Program, he/she will not engage in inappropriate conduct, including, but not limited to, the use of physical or verbal threats or violence, open abuse of the customs or mores of the community, or unauthorized absences from classes or other activities.
- The Student and his/her parents/legal guardians:
  - understand that, in its sole discretion, the School or the Program Leader(s) may terminate the Student’s participation in the Program at any time, including before departure or during the Program. Reasons for termination may include, but are not limited to, inappropriate conduct or other behavior by the Student deemed detrimental to the best interests of the program, emergencies, or health or safety conditions or considerations.
  - agree that, if the Student’s conduct or lack of scholarship should cause him/her to be removed from the Program, the Student and his/her parents/legal guardians will bear the costs of return transportation. Such termination shall not diminish or otherwise alter the Student’s and parents’/legal guardians’ obligation to make any payment required for the Program, and the School shall not be required to make any refund.

**6. Activities Outside of Program**

Should the Student choose to remain at the Program location or elsewhere after the Program ends, or should the Student leave the Program voluntarily or involuntarily, the Student will cease to be a participant in the Program and will be fully responsible for his/her self thereafter. If the student wishes to temporarily leave the group, parental agreement must be given ahead of time indicating who to release the student to and time/location of student’s return to the group.

**7. Severability**

It is understood and agreed that, if any provision of this Agreement or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of this Agreement which can be given effect without the invalid provisions or applications. To this end, the provisions of this Agreement are declared severable.

**Construction and Scope of Agreement**

The language of all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against any party. This Agreement, with the attached Program Description and forms, is the entire and complete agreement of the parties relating in any way to the subject matter hereof. This Agreement supersedes any earlier written or oral understandings or agreements between the parties.

Student signature

Date

Parent/Legal Guardian signature 1

Date

Parent/Legal Guardian signature 2

Date

On behalf of school / program of school

Date



## FORM 2: RELEASE AND WAIVER OF LIABILITY

In consideration of the School accepting the undersigned Student into the Program, the Student and his/her parents/legal guardian agree as follows:

### 1. Acknowledgement of Risk

- The Student and his/her parents/legal guardians:
  - understand that travel generally and the activities associated with it and with the Program present risks to the Student personally and to his/her property, some of which may result in serious personal injury or death, and that these risks can be a consequence of not only the Student's actions or negligence but also the actions, omissions or negligence of others, or travel conditions or equipment. \_\_\_\_\_ Initial
  - understand that foreign travel presents additional risks, which can include, among others things, unfamiliar or different terrain, climate, food and drink, customs, laws, social and sexual mores, safety practices and regulations, communications, criminal and law enforcement activities, acts of war or terrorism, disability access, driving practices, disease risks, and health care. \_\_\_\_\_ Initial
  - acknowledge that they are responsible for evaluating the risks that the Student may face and agree that any activities that Student may take part in, whether as a component of the Program or separate from it, will be considered to have been undertaken with the Student's and his/her parents'/legal guardians' approval and understanding of any and all risks involved. This includes, without limitation, risks associated with the consumption of alcoholic beverages, use of illegal drugs in any form and injury or death from causes such as such as traffic accidents, crime, assault, and theft. \_\_\_\_\_ Initial
  - acknowledge that the School is not responsible for any injury, loss, or damage to the Student's person or property, whether resulting from acts or omissions of any persons, including but not limited to persons acting on behalf of the School from the operation or condition of facilities or premises, from acts of war or terrorism, or from acts of God or nature, except to the extent that the injury, loss, or damage is caused solely by the reckless or intentional conduct of the School, its officers, trustees, faculty, employees, agents, or representatives. \_\_\_\_\_ Initial

### 2. Release of Claims

The Student, his/her heirs, executors, administrators, representatives, successors and assigns, and the Student's parents or legal guardians, hereby release and discharge the School, its officers, trustees, faculty, employees, agents, and representatives (hereafter "Released Parties") from:

- any liability, damage or injury caused by the Released Parties' negligence; \_\_\_\_\_ Initial
- any and all claims that may arise from any cause whatsoever, whether resulting from acts or omissions of any persons, including but not limited to the Released Parties, from the operation or condition of facilities or premises, from acts of war or terrorism, or from acts of God or nature, or risks associated with the consumption of alcoholic beverages, use of illegal drugs in any form and injury or death from causes such as traffic accidents, crime, assault and theft; except to the extent that the liability, damage, injury, loss, accident, or illness is caused solely by the reckless or intentional conduct of the Released Parties; \_\_\_\_\_ Initial

- any liability for any accident, illness, injury, or any other damage or consequence arising or resulting directly or indirectly from the Student’s participation in the Program; \_\_\_\_\_ Initial
- any liability, damage, or injury that may be caused by Student’s negligence or willful acts committed prior to, during or after participation in the Program; and \_\_\_\_\_ Initial
- any liability, damage, or injury caused by the intentional, reckless or negligent acts or omissions of any other participant in the Program, or caused by any other person. \_\_\_\_\_ Initial

**3. Governing Law; Venue**

This release shall be construed in accordance with, and governed by, the laws of the State of Wisconsin. We agree that venue for any dispute arising under this Agreement shall be Milwaukee County, WI.

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND UNDERSTAND THAT BY SIGNING IT I AM GIVING UP CERTAIN LEGAL RIGHTS.**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian signature 1 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian signature 2 \_\_\_\_\_ Date \_\_\_\_\_

On behalf of school / program of school \_\_\_\_\_ Date \_\_\_\_\_



## FORM 3: ACKNOWLEDGEMENT OF UNIVERSITY SCHOOL OF MILWAUKEE OFF-CAMPUS PROGRAM AND TRAVEL CANCELLATION POLICY

I understand that, although the School will attempt to maintain the Program as described in the Program Description, it reserves the right to cancel or change the Program for any reason. Decisions to suspend or cancel a program are made by the Program Leader(s) and the University School of Milwaukee administration, including, if the Program is international, in-country USM staff, and officials at partner institutions, the State Department, and other governmental officials. Such a decision is dependent on a number of factors including, among others:

### **1. Minimum enrollment levels for University School of Milwaukee sponsored Programs.**

University School of Milwaukee sponsored programs normally require a minimum enrollment of students at the registration deadline and thereafter in order to function. This enrollment figure will be publicized by the Program Leader(s) and may be reviewed on a case-by-case basis depending on the Program details.

### **2. Conditions in-country or surrounding areas.**

This includes, but is not limited to U.S. State Department travel warnings for the country where the program will take place. For more information, visit the State Department site: [http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html)

Cancellation policy is as follows with regard to program fees:

1. If USM cancels a Program, whether before or after it commences, the School will refund program fees (including airfare), except those that the School is unable to recover.
2. If USM does not cancel a Program but the Student chooses to withdraw from a Program for any reason, the School will handle the situation on a case-by-case basis regarding refunds. The Student and his/her parents/legal guardians will be responsible for covering all non-recoverable contractual obligations.
3. If USM does not cancel a Program, but terminates the Student's participation in the program because of his/her failure to abide by all policies, rules, and regulations of the School and the host school, company, or organization or all rules, regulations, and laws of the countries to be visited, or if USM terminates the Student's participation in the Program because of the Student's inappropriate conduct, as determined by the Program Leader(s) and/ or USM officials, the Student and his/her parents/legal guardian are not entitled to any refund. Additionally, in such circumstances, the Student and his/her parents/legal guardian are responsible for costs of return airfare.

Student signature

Date

Parent/Legal Guardian signature 1

Date

Parent/Legal Guardian signature 2

Date

On behalf of school / program of school

Date



## FORM 4: PARENTAL MEDICAL AUTHORIZATION FORM (FOR STUDENTS UNDER 18)

I, \_\_\_\_\_, am the legal parent or guardian of \_\_\_\_\_ (my "child"), who was born on \_\_\_\_\_, \_\_\_\_\_ and who is currently less than eighteen (18) years of age as of the date of this form. I understand that, in the United States, in the event of a medical emergency threatening my child's life or limb, no informed consent is required for my child's treatment and that emergency medical care will be obtained and rendered to my child. I further understand that if my child's medical condition is urgent but not life threatening, informed consent is required for treatment. I also understand that the customs and requirements in other countries may differ as to the need for consent.

If my child needs medical care for which informed consent or my permission may be required, whether on an emergency or urgent basis, and if reasonable attempts to reach me for consultation and informed consent are unsuccessful, then I hereby delegate to the Program Leader or his/her designee or representative the authority to make on my behalf all medical decisions regarding the care and treatment of my child, including decisions on surgery, transfusions, and the administration of anesthetic, and to give informed consent to such treatment.

I also consent to, and authorize the Program Director, or his/her designee, to arrange for and provide care and treatment (including administering medication and antibiotics) for my child's routine health needs or conditions, such as colds, ordinary infections and minor injuries. I understand and agree that further specific consent will not be obtained at the time the routine care and treatment are provided and that the School will not notify me unless the Program Director deems it appropriate or necessary.

I also understand and agree that I will be responsible for all costs associated with the provision of medical treatment.

Parent/Legal Guardian signature 1          Parent / Legal guardian 1 Printed Name          Date

Parent/Legal Guardian signature 2          Parent / Legal guardian 2 Printed Name          Date

Address

Home Telephone

Business Telephone

Cell Phone

E-mail Address



**FORM 4A: MEDICAL AUTHORIZATION FORM**  
 (FOR STUDENTS 18 OR OLDER)

I, \_\_\_\_\_, was born on \_\_\_\_\_, \_\_\_\_\_ and am now or will become during the Program at least eighteen (18) years of age. I understand that, in the United States, in the event of a medical emergency threatening my life or limb, no informed consent is required for my treatment and that emergency medical care will be obtained and rendered to me. I further understand that if my medical condition is urgent but not life threatening, informed consent is required for treatment. I also understand that the customs and requirements in other countries may differ as to the need for consent or as to the age of majority.

If I need medical care for which informed consent or permission may be required, whether on an emergency or urgent basis, and if I am unable to consent or give permission, I request that reasonable attempts be made to reach my parents/guardians for consultation and informed consent. If those efforts are unsuccessful, then I hereby delegate to the Program Leader or his/her designee or representative the authority to make on my behalf all medical decisions regarding my care and treatment, including decisions on surgery and the administration of anesthetic, and to give informed consent to such treatment. I acknowledge that this document may not comply with the laws of the state where it was signed to constitute a power of attorney for health care, but I nevertheless wish it to provide guidance to health care providers as to who may give substituted consent on my behalf if I cannot speak for myself or make an informed decision.

I also understand and agree that I will be responsible for all costs associated with the provision of medical treatment.

Student Signature	Printed Name of Student	Date
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I am the parent or legal guardian of the above named Student and, to the extent required, confirm the instructions and wishes of the Student as expressed in this Authorization.

Parent/Legal Guardian signature 1	Parent / Legal guardian 1 Printed Name	Date
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Parent/Legal Guardian signature 2	Parent / Legal guardian 2 Printed Name	Date
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Address

Home Telephone	Business Telephone
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Cell Phone	E-mail Address
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## FORM 4B: HEALTH INFORMATION FORM

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Student's Name: \_\_\_\_\_

\_\_\_\_\_ **Initial** if you **want** your student to receive as needed USM provided unit dose(s) during this trip/retreat:

\_\_\_\_\_ Acetaminophen (325 mg) 1 tab \_\_\_\_\_ 2 tabs \_\_\_\_\_ Every 4 Hrs.

\_\_\_\_\_ Ibuprofen (200mg) 1 tab \_\_\_\_\_ 2 tabs \_\_\_\_\_ Every 6 Hrs.

These will only be given on an "As Needed" basis.

**OR**

\_\_\_\_\_ I **do not** want the faculty/staff to administer USM provided medication to my student. I have provided what he/she should need.

### Upper School Students Only

\_\_\_\_\_ **Initial** if this student is able to carry and self administer their Asthma Inhaler / EpiPen and all other medications on this trip. The student is capable of proper method of self-administration and is aware of the dangers of improper use or the permitting of other persons to use these medications. If necessary, any of these medications can be administered by a trained USM employee. USM reserves the right for a faculty person to carry and administer these medications if deemed to be in the best interest of the student and those present as a result of behavioral issues or mismanagement of their medication.

### LS & MS Students Only

\_\_\_\_\_ **Initial** if this student is able to carry and use their Asthma Inhaler / EpiPen / Glucagon injection. The student is capable of proper method of self-administration and is aware of the dangers of improper use or the permitting of other persons to use these medications. If necessary, any of these medications can be administered by a trained USM employee. USM reserves the right for a faculty person to carry these medications if deemed to be in the best interest of the student and those present as a result of behavioral issues or mismanagement of their medication.

**Trip Medications:**

All names of medications must match that on the prescription bottle or OTC bottle. The dosage and instructions for prescription medication must match that on the bottle. The OTC medication will be given as directed ***on this form.***

1. Medication: _____ Dosage: _____  Route: _____ Time Given: _____ Reason: _____	4. Medication: _____ Dosage: _____  Route: _____ Time Given: _____ Reason: _____
2. Medication: _____ Dosage: _____ Route: _____ Time Given: _____ Reason: _____	5. Medication: _____ Dosage: _____ Route: _____ Time Given: _____ Reason: _____
3. Medication: _____ Dosage: _____ Route: _____ Time Given: _____ Reason: _____	6. Medication: _____ Dosage: _____ Route: _____ Time Given: _____ Reason: _____

**\* Parent signature is required on this form for all OTC & prescription medications.**

**\*Parent Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**\*\*Physician Signature is required for all prescription medications.**

**\*\*Physician's Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Physician's Phone Number:** \_\_\_\_\_

**(May be faxed to the School Clinic 414-540-3121**



**FORM 4C: TRAVEL MEDICINE CONSULTATION**  
(FOR INTERNATIONAL TRAVEL ONLY)

Prior to any international travel, it is important to be informed about the health risks that travel can present, and actively research and prepare for any risks particular to the destination/s of the off-campus program.

It is recommended that the Student and their families should gather information about the travel destinations, and any specific activities during the Program. The Center for Disease Control (CDC) has recommendations on preparing for travel (<http://www.cdc.gov>) in more than 200 countries.

It is recommended that the Student and their families should gather information and consider appropriate clothing and other protection against the local environment, including sun, temperature, insects and other wildlife. In addition, students should take responsibility to check daily during the trip for any bites, cuts or unusual swelling, inflammation, bruising or pain.

It is also strongly recommended that the Student consult with an appropriate specialist, such as a Travel Clinic or travel medicine specialist, regarding any and all recommended medical immunizations and other precautions. These appointments should occur four to six weeks before the date of travel, and the Student should bring a detailed itinerary to the appointment, along with their up-to-date medical records. Students and their families may indicate below that they have considered the risks inherent with travel, have decided not to consult with a travel medicine specialist, and accept all responsibility for any illness that the Student may contract while traveling.

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent/Legal Guardian signature 1      Parent / Legal guardian 1 Printed Name      Date

Parent/Legal Guardian signature 2      Parent / Legal guardian 2 Printed Name      Date



## FORM 5: INSURANCE INFORMATION

Each Student's Parents or Guardians should carefully review the coverage and terms of the Student's personal insurance policies, with the following in mind.

### Domestic Programs:

University School of Milwaukee provides domestic accident insurance coverage for all enrolled students. This policy is secondary to any personal policy and only covers accidents during school organized activities and sports. However this should not be confused with medical insurance. USM requires all students enrolled at the School to carry adequate personal medical insurance. However, a medical insurance policy covering a Student may not extend to medical, hospital, and related services rendered outside their home state, and the School is not responsible for any such expenses the Student incurs.

Each Student's Parents or Guardians should carefully review the terms of their Student's medical coverage to determine if it provides coverage while the Student is traveling out of their home state. Different insurance carriers and products provide different types and amounts of coverage.

Please provide the Student's insurance information on Form 5A.

### International Programs:

For international travel programs, the student and their parents/guardians are solely responsible for obtaining all insurance they feel appropriate, including Trip Cancellation or Interruption, Travel Medical, Emergency Assistance, Evacuation and Repatriation Services, and Liability.

For group international travel programs where the School retains a tour operator to manage the trip, various insurance options may be available through the tour operator and for some trips may be included in the trip cost. In any event, the student and their parents/guardians are responsible for reviewing the coverage provided and obtaining all insurance they feel appropriate, including Trip Cancellation or Interruption, Travel Medical, Emergency Assistance, Evacuation and Repatriation Services, and Liability.

**The School is not responsible for any medical, hospital, and related services rendered outside the United States that the Student incurs.**

Please provide full details of the Student's insurance coverage on Form 5A.

Travel Insurance Plans typically include coverage for:

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| *Accident and Sickness Medical Expenses | *Accidental Death and Dismemberment | *Trip cancellation or delay |
| *Baggage loss or delay                  | *Emergency Medical Evacuation       | *Emergency Family Travel    |

Emergency Assistance Plans often include:

- |  |  |                               |
|--|--|-------------------------------|
| *24-Hour Emergency Travel Assistance               | *Embassy and Consular Information                | *Hospital Admission Guarantee |
| *Medical Referrals                                 | *Emergency Prescription Medication               | *Legal Referral               |
| *Replacement Assistance with Lost Personal Effects | *Language Interpretation                         | *Security Assistance          |
| *Medical Evacuation and Repatriation               | *Emergency Political Evacuation and Repatriation |                               |
| *Lost Documents Assistance                         | *Repatriation of Remains                         |                               |



## FORM 5A: PERSONAL AND SUPPLEMENTAL INSURANCE INFORMATION

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Please provide full details of the Student's insurance coverage during the trip:

<u>Provider</u>	<u>Policy number</u>	<u>Areas of coverage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**FORM 6: PASSPORT INFORMATION FORM**  
(FOR INTERNATIONAL TRAVEL ONLY)

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If you have a passport, please complete this form now. Make sure to attach a photocopy of the first page of your passport, showing your personal data and signature. If you have a student visa, please make a photocopy of your I-20 form as well.

If you do not have a passport, please complete and return this form as soon as you have received your passport.

Please note that passports are required to apply for student visas, so make sure to process your passport applications as soon as possible. Note that for most visa applications, passports are required to be valid for six months after the date of return from abroad.

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Name as it appears on passport

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Country of issue

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Passport Number

---

Date of issuance

---

Place of issuance

---

Date of expiration (This date must be at least six months after the program completion date.)

**YOU MUST ATTACH A PHOTOCOPY OF THE FIRST PAGE OF YOUR PASSPORT,  
SHOWING YOUR PERSONAL DATA AND SIGNATURE**



### FORM 7: FLIGHT INFORMATION FORM (IF NOT TRAVELING WITH THE GROUP)

\_\_\_\_\_  
I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give permission for my son/daughter to (circle one) **arrive late/depart early** from University School of Milwaukee's \_\_\_\_\_ trip.

I understand that a University School of Milwaukee trip leader will meet my child at the appropriate transport station (airport, train station, etc.) once he/she arrives (arriving late) or deliver my child to the departing station within a 2-hour time frame of their departure (leaving early). By signing this, I hereby waive University School of Milwaukee of responsibility for my child during the arriving late/departing early leg of his/her travel.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please provide a copy of your itinerary in case of emergency or delayed flights. Fill out the form below or attach a copy of your electronic itinerary. Note that the **confirmation number** is crucial.

**Arriving Late Flight Information:**

Reservation confirmation number: \_\_\_\_\_

Date: \_\_\_\_\_

Departing time: \_\_\_\_\_

Destination: \_\_\_\_\_

Arrival time: \_\_\_\_\_

Airline: \_\_\_\_\_

Flight number: \_\_\_\_\_

Date: \_\_\_\_\_

Departing time: \_\_\_\_\_

Destination: \_\_\_\_\_

Arrival time: \_\_\_\_\_

Airline: \_\_\_\_\_

Flight number: \_\_\_\_\_

**Departing Early Flight Information:**

Reservation confirmation number: \_\_\_\_\_

Date: \_\_\_\_\_

Departing time: \_\_\_\_\_

Destination: \_\_\_\_\_

Arrival time: \_\_\_\_\_

Airline: \_\_\_\_\_

Flight number: \_\_\_\_\_

Date: \_\_\_\_\_

Departing time: \_\_\_\_\_

Destination: \_\_\_\_\_

Arrival time: \_\_\_\_\_

Airline: \_\_\_\_\_

Flight number: \_\_\_\_\_



## FORM 8: EMERGENCY CONTACT AND INFORMATION RELEASE FORM

**Persons to be contacted in case of emergency:**

\_\_\_\_\_  
Name(s) Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Day telephone

\_\_\_\_\_  
Evening telephone

\_\_\_\_\_  
Name(s) Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Day telephone

\_\_\_\_\_  
Evening telephone

**Permission to release information. Please check and initial all that apply:**

I give permission to representatives of University School of Milwaukee to use my name and photograph in University School of Milwaukee's related information materials, advertisements, or promotions, including the University School of Milwaukee's website.

Please initial: \_\_\_\_\_

I give permission to the representatives of the University School of Milwaukee to give out my name and contact information to prospective program participants in the event they wish to correspond with me about the program(s) I participate in.

Please initial: \_\_\_\_\_



