

**MEDICAL RELEASE, TRAVEL CONSENT
AND LIMITED POWER OF ATTORNEY**
MSU UPWARD BOUND PROGRAM APPLICATION FOR ADMISSION

Application Year: _____

I, _____, in my role as parent/guardian hereby grant
(please print parent/guardian name)

permission for the staff of Upward Bound to provide appropriate medical attention to or cause treatment to be rendered to _____.
(please print student name)

The staff of this program has my permission to provide any necessary routine and emergency medical and dental services my child, who is named above, may need for the entire period he/she is involved in the Summer Academic Academy, summer trip, and academic year activities. I will not, in any way, hold Missouri State University, Springfield Public School District, Central High school, Hillcrest High school, Parkview High school, or Missouri State Upward Bound program responsible for any medical or dental emergency treatment deemed necessary during the duration of these programs. In the event an emergency situation arises, UB staff will contact me, or my designee, as quickly as possible.

(NOTE: If an emergency situation should arise, my child may be taken by ambulance to the nearest medical facility that is appropriate for treatment in the judgement of UB staff).

Further, I grant permission for my child, named above, to participate fully in Missouri State University Upward Bound *Academic/Cultural Enrichment Opportunity* sessions, cultural trips, recreational outings, or leadership and educational seminars, which may include hotel accommodations, camp site experiences, walking tours, and private or public transportation. I understand and acknowledge that public transportation may include bus, subway, train, or other transportation modes commensurate with the activities identified in the above named programs.

Finally, I hereby release Missouri State University, Springfield Public School District, Central High school, Hillcrest High school, Parkview High school, or Missouri State Upward Bound program and their employees from any claims for injury or damages occurring out of the participation of my child,

(please print student name)

I accept responsibility for my child's conduct while participating in the program, and I further release the program administrators from any injuries or damages that may arise out of my child not following and adhering to the rules and regulations of Missouri State University, Springfield Public School District, Central High school, Hillcrest High school, Parkview High school, or Missouri State Upward Bound regarding safety, personal and public conduct and occupancy and use of hotels, buses, college campus facilities and other facilities made available as a result of activities or trips. I further state that information I have provided on this form is accurate to the best of my knowledge.

Parent Signature

Relationship to student

Date

