



STUDENT AND PARENT FIELD TRIP AGREEMENT FORM

Student and Parent(s)/Guardian(s) agree to:

1. **REPRESENT** their individual school's MESA program and their school and serve as official representatives of the statewide NM MESA, Inc., program. In addition, the student agrees to behave with the highest degree of professional behavior and to comply with all MESA policies as well as all school and district policies for the duration of all NM MESA, Inc., activities.
2. **ACKNOWLEDGE** that each student is assigned to an adult chaperone and a specific group for the duration of the field trip. **It is critical** to inform adult chaperones of student whereabouts and/or emergency situations.
3. **FOLLOW AND CONSENT** to individual and group instructions and/or rules for the duration of the field trip.
4. **RELEASE NM MESA, INC.,** and New Mexico Tech from all liability.
5. **ACCEPT THE CONSEQUENCES** of improper behavior. NM MESA, Inc., has the authority to remove any student whose behavior is not exemplary and/or is hazardous to him/herself and others. NM MESA, Inc., demands a high standard of student behavior during participation in all NM MESA, Inc., events. MESA students that participate in illegal activities such as, but not limited to, possession or consumption of alcohol and/or drugs, theft, or vandalism, relinquish their current and future membership in NM MESA, Inc. **Parents will assume all costs for damages** to rooms, buses, facilities, return transportation home, etc. Any advance payments will be forfeited.

Additional requirements in connection with any overnight field trip:

6. **MAINTAIN** polite and considerate behavior for the other guests in the facility (refrain from excessive noise, dangerous behavior, etc.), and adhere to all the rules of the facility.
7. **BE IN YOUR ROOM** by designated "Lights Out" time. **Students are required to stay in their assigned room throughout the night**, and be ready to begin the next day on time.
8. **COMMUNICATE** with your sponsor regarding the wake-up time and check-out procedures, breakfast arrangements, boarding bus, etc.

Student Signature

Date

Parent/Guardian Signature

Date



PARENT/GUARDIAN AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, _____, the parent/guardian of _____,
(Parent/Guardian Name) (Student's Name)

Give my authorization for NM MESA, Inc., to seek medical assistance for my child should the need arise. NM MESA, Inc., **has my permission** to take my son/daughter to a hospital and sign any authorization for emergency medical treatment. **I understand that I am responsible for all medical costs**, and waive any and all responsibility of NM MESA, Inc., and New Mexico Tech, for any medical and/or other costs associated with any NM MESA, Inc., function. Please notify your MESA advisor if any of the information below changes.

Parent/Guardian Signature/Date

Address/City, State Zip

Primary Phone

Alternate Phone

Name of Family Health Insurance Company

Policy Number

Emergency Point of Contact / Relationship
(person not living with you)

Contact's Phone Number

Name of Student's School

Grade Level

Student's Social Security Number

IMPORTANT: Please advise us of medical accommodations your son/daughter needs that might require specific attention or precautions.

Medical Conditions

Medications your son/daughter is currently taking

List any known allergies of your son/daughter (asthma, bee stings, penicillin, etc.)