**FUTURE JAGS CAMPUS TOUR and GAME DAY TRIP**

**PERMISSION SLIP**

As the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I grant my permission for said child to attend the Future Jags - Southern University Campus Tour and Game Day Trip in Baton Rouge, Louisiana, Saturday, October 28, 2023. The meeting time will be 12:00 am (October 28) at The Fannin South Park and Ride parking lot (off of hwy 610 behind Sam’s Club) 1604 W. Bellfort Street, Houston, TX 77054 and the pickup time will be 12-1am at The Fannin South Park and Ride on Sunday, October 29, 2023.

I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the Southern University Alumni Federation – Houston Chapter Representatives for any costs or expenses arising out of my child’s participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        \_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Signature                                 Date

**I further give my consent to** that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

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| **MEDICAL INFORMATION** | |
| Known allergies including any allergies to medicine (Continue on back of form if needed) | |
| Any other medical problems which should be noted (Continue on back of form if needed) | |
| Student Signature | Date |
| Parent Signature | Date |