



UPWARD BOUND

PERMISSION TO PARTICIPATE

I, _____, grant _____ permission to
(Parent/Guardian's Name) (Student's Name)

Attend _____ on _____ with the
(event) (date of event)

Southwestern Community College Upward Bound Program.

Permission is also granted for Upward Bound staff members to transport the above named student to and from this activity. Permission is also granted for the above named student to be transported by bus, van, or car.

Permission is also granted to provide medical and/or counseling services to the above named student, as necessary, by the appropriate Upward Bound staff and/or community resources.

Permission is also granted for Upward Bound staff (Director, Advisors, Teachers, Assistants, Tutors) to provide over the counter medications (acetaminophen, Pepto-Bismol, ibuprofen, Dramamine, Sudafed, decongestants, antihistamine, etc.) for minor physical complaints, as indicated on the medical form on file for my child.

Neither Southwestern Community College, the Upward Bound Program, nor any staff member will be held responsible for any injuries or obligations resulting from these activities as indicated on the release form on file for my child.

PARENT/GUARDIAN SIGNATURE

DATE

Activities for which permission is NOT granted.

Over the counter medications NOT to be administered.

I _____ as a participant in the Southwestern Community College Upward Bound Program, agree to adhere to the rules and regulations established by the community college and program. I also understand that any failure to do so can result in dismissal from the program.

STUDENT SIGNATURE

DATE