

Making A Difference For Our Future

TALENT SEARCH

NOTE: This form must be signed and returned to SEK Educational Talent Search As Soon As Possible if the student named below is to participate in the field trip or activity.

Consent to Participate in Field Trip or Other Activity and Consent for Treatment

I, _____, the parent and legal guardian of _____ give my consent for my child to participate in the field trip/other activity described below (check all that you would like to attend):

___ September 13th, 2009 (Jr. & Sr. only) College Connection, Tulsa, Ok

___ September 18th, 2009 Pittsburg State Univ. Tech., Pittsburg, KS

___ September 19th, 2009 (HS Only) Corn Maze, Independence, KS

___ October 10th, 2009 Renaissance Festival, Bonner Springs, KS

___ October 16th, 2009 (Jr. & Sr. Only) Labette Community College, Parsons, KS

___ October 29th -November 1st · 2009 (HS Only) Student Leadership Conf., St. Charles, IL

___ November 7th (MS Only) Union Station & World War I Museum, Kansas City, KS

___ November 13th (Jr. Sr. Only) Wichita State University, Wichita, KS

___ December 11th, (Jr. & Sr. Only) Ottawa State University & NCCC Campus, Ottawa, KS

Meet & Greet

Please check

__Nov.9 @ Independence

__Nov. 19 @ Chanute

__Dec. 7 @ Coffeyville

RSVP

(620)431-2820x271 or201

I further give my legal consent and authorize any representative of SEK Educational Talent Search to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted by any physician or dentist licensed in accordance with the provision of the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital. I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child. I acknowledge and agree that Neosho County Community College/Coffeyville Community College is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that Talent Search personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work and home phone number to SEK Educational Talent Search.

School & Grade

Parent or Legal Guardian

Date

Phone # _____

Our Fax Number: 620-431-0082

Neosho County Community College 800 W. 14th St. Chanute, KS 66720 (620)431-2820 Ext. 271 or 201
Coffeyville Community College 400 W. 11th Coffeyville, KS 67337 (620)252-7126