

**Cleveland Clinic**  
**Office of Civic Education Initiatives**  
**Parent/Guardian Authorization Form for Student/Minor Travel**

**The purpose of this form is to authorize permission by the undersigned parent/guardian for the identified student to accompany a Cleveland Clinic employee to a professional setting for the purpose of co-presenting their findings related to the research conducted during their internship program placement.**

**Student & Parent/Guardian Information**

Student Name	SS#
Student Address	
Student City/ST/Zip/County	
Student Home Phone Number (     )	Cell (     )
Student E-Mail address	
Gender (circle one)    M    F	Age
School Name	
Parent/Guardian Name	
Address	
City/ST/Zip/County	
Home Phone Number (     )	Cell (     )
Daytime Phone Number (     )	
E-Mail (daytime)	(home)
Work Phone (     )	FAX (     )

**Cleveland Clinic Representative Information**

Name	(MD, PhD, DEng, MSN, BSN, RN, Other _____)		
Title	Gender (circle one)	M	F
Department	Division		
Ofc Phone(     )	Ofc Fax(     )	Lab Phone(     )	
Mail Location	Pager	E-mail	
They are (circle one)	Internship Mentor	Department representative	Other _____

**Event Information**

Event Name (please attach copy of event documentation if available)
Sponsoring Organization

Event Date(s)
Event Location (City/State)
Purpose of attending (check one)  <input type="checkbox"/> Formal Research Presentation  <input type="checkbox"/> Research Poster Presentation  <input type="checkbox"/> Research Abstract Presentation  <input type="checkbox"/> Educational knowledge and exposure to career field  <input type="checkbox"/> Other _____
Travel Requirements For events in the greater Cleveland area (check one)  <input type="checkbox"/> Student will provide own transportation to event  <input type="checkbox"/> Student will travel with Cleveland Clinic representative to event  For events taking place outside the greater Cleveland area and requires travel arrangements (check one)  <input type="checkbox"/> Student will provide own transportation to event  <input type="checkbox"/> Student will travel with parent(s)/guardian(s) to event  <input type="checkbox"/> Student will travel with Cleveland Clinic representative to event  Mode of transportation to & from event (check one) <input type="checkbox"/> auto <input type="checkbox"/> air <input type="checkbox"/> train <input type="checkbox"/> other _____  Departure Date _____                      Return date _____
Lodging Requirements (Please complete this section if event is taking place outside of greater Cleveland area and requires staying overnight or longer.)  Student will occupy (check one)  <input type="checkbox"/> room with Cleveland Clinic representative ( <b>MUST BE OF THE SAME GENDER</b> )  <input type="checkbox"/> room alone <input type="checkbox"/> room with parent(s)/guardian(s) <input type="checkbox"/> other _____  Name of Hotel _____  Hotel Contact Number _____

**Student Expectations**

Your minor child has been invited to attend the above event for the purpose of co-presenting their findings related to the research conducted during their internship program placement. Such an invitation is a privilege and an honor. Please read carefully the following information and guidelines for this opportunity:

- Students are attending at the request of their internship program mentor;

- Student are to keep in contact with their mentor or Cleveland Clinic representative attending event with them and provide them with a schedule of events and activities they will attend in addition to the required presentation activities (solo and/or joint presentations);
- Student will provide the Office of Civic Education Initiatives with a schedule of events and activities they will attend including the required presentation activities;
- Student will provide their mentor or Cleveland Clinic representative attending event with them their operational cell phone number, and will keep the phone on their person and turned on at all times;
- Students must comply with the signed Student Code of Conduct;
- Students must comply with all Cleveland Clinic policies, especially those concerning appropriate behavior, confidentiality of information and dress code (no revealing, form fitting or see-through clothing, T-shirts, sweat suits, jogging suits, tank tops, shorts, jeans, denim of any color, leggings, capri style pants, overalls, sandals or shoes without backs, flip-flops, shoes worn without socks or hosiery, fishnet or patterned hosiery, and midriff shirts will be allowed);
- Students may choose to wear their internship polos and lab jackets during their formal presentation(s) and activities at the event;
- Students will dress neat, clean and professionally while attending activities at the above event ;
- Students must be on time for all activities they are scheduled to attend and/or participate in;
- Students will practice personal safety habits while traveling to and from, participating in all event presentations and activities, and if applicable, occupying hotel accommodations, alone;
- Students who fail to adhere to Cleveland Clinic policies will not be able to participate in such future opportunities.

### Parent/Guardian Medical Consent

**Part I:** I hereby authorize the Cleveland Clinic and its physicians, nurses, and employees to provide or seek medical services and treatment to/for (print minor's name on line) \_\_\_\_\_, a minor, my child (biological or legal through adoption or guardianship), should such medical services and treatment become necessary while said minor is either at any facility of the Cleveland Clinic, or in the company of a clinic employee acting as my child's mentor or chaperone or other role as part of the designated event described above.

**Part II:** To the best of my ability and current knowledge, my child's existing allergies, if any, are (if none, please print none) \_\_\_\_\_

**Part III:** To the best of my ability and current knowledge, medications currently being taken by my child are (if none, please print none) \_\_\_\_\_

**Part IV:** My health insurer is \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Physician's Name \_\_\_\_\_

Their telephone number is \_\_\_\_\_

### Parent/Guardian Signature of Agreement for Participation, Media & Liability Release

\_\_\_\_\_, (print minor's name) is authorized by the undersigned to participate in all activities related to the above described event. These activities may or may not include, and not be limited to, travel to and from the event including out of town locations, staying in overnight accommodations (as needed), research presentation assignments, special event-sponsored activities and experiences, on-site event participation & observations, performance of tasks and participation in hands-on experiences as part of the student's presentation and/or attendance at the event. (The above are examples of the types of activities the student may participate in or observe during his/her attendance and participation in the event. It is not intended to be a complete or binding list of all possible activities.) In consideration of the above named minor's participation in these activities, the undersigned, as the parent or legal guardian of the above named minor, releases and discharges the Cleveland Clinic and the Office of Civic Education Initiatives, as well as their respective officers, directors, board members, employees, agents and representatives, from all liability arising out of or related to the participation in the event described above by my child.

Further, it is understood that participation in this event and representing Cleveland Clinic does not include health care services, nor does it affect individual health insurance obligations, even if the need for emergency care or medical treatment should occur.

The undersigned further authorizes the sponsoring Cleveland Clinic department, the Office of Civic Education Initiatives, Cleveland Clinic, their agents or employees, any of its physicians, or other persons, including members of the external media, print and/or broadcast, authorized by Cleveland Clinic, the Office of Civic Education Initiatives, to interview, photograph, make motion sound pictures, movies, videotapes, or audiotapes, of my child. I agree that the interview, negatives, prints, videotapes, audiotapes, or computer graphics prepared therefrom may be used for any purpose, including: medical research, grant writing, professional or patient education, newspapers, magazines, web sites, Intranet, Internet, television, billboards, displays, exhibits, audiovisual or multimedia presentations, kiosk imaging, radio broadcasts, and any other news, public service, promotional, or advertisement reason, especially to further the aims and objectives of the Office of Civic Education Initiatives and its program. I acknowledge that such use may occur at unspecified times after the date of this Authorization, whether my child is alive or not. I acknowledge that any photograph, motion sound picture, movies, videotape, or audiotape taken of my child will become and remain the sole property of Cleveland Clinic or of the authorized print or broadcast media organization.

I understand that Cleveland Clinic and their representative accompanying the student at the event will exercise reasonable care in the supervision of the student. By signing below, I agree that I have read and understand this agreement and that I support my child's participation in the event.

#### **Student Signature of Agreement for Participation**

I acknowledge that I have been provided with adequate information about the purpose and content of the event described above and my responsibilities related to successful participation in this event. I have reviewed the terms provided herein and in consideration of my participation in this event, and by signing below, indicate understanding of and agreement to abide by these terms.

---

**Signature of Parent/Guardian**

---

**Date**

---

**Signature of Student**

---

**Date**

December 2, 2008

H:\Parent-Guardian Student Travel Permit.doc