

**Alpha Phi Alpha Fraternity Inc.
Beta Lambda Educational Institute
"2019 Spring College Tour"**

Student Permission, Release and Medical Authorization Form

Student Name: _____ Gender: _____ Birth Date: _____ Age: _____

Student Email Address: _____ Student Phone Number: _____

Student Address: _____
City State Zip Code

School: _____ Grade: _____ GPA: _____ ACT Score: _____

Address: _____
City State Zip Code

Counselor's Name: _____ Telephone: _____

Parent/Legal Guardian Name: _____ Email: _____

Cell Number Work Number Home Number

Emergency Contact: _____
Other Than Parent/ Legal Guardian Cell or Work Number Home Number

Emergency Contact: _____
Other Than Parent/ Legal Guardian Cell or Work Number Home Number

The undersigned parent/ legal guardian of the above-named student hereby consents to his/her participation in the Spring College Tour, sponsored by the Beta Lambda Educational Institute (BLEI) of Alpha Phi Alpha Fraternity, Inc. The tour will visit colleges, universities and tourist attractions during the week of March 17 – March 23, 2019. It is understood that the tour director can under reasonable and limited conditions alter the plan of this activity. However, such alterations shall involve activities or arrangements in the same general category described above. It is also understood that in the event the parents/ legal guardians have any questions regarding the plans or believe the description to be inadequate, he or she will contact the tour director to obtain additional information prior to signing this form. The undersigned does hereby consent to the above-named student participating in the activity identified, covenants and agrees to his/her own behalf and on behalf of the student named above, not to sue and hold harmless BLEI, Beta Lambda Chapter, Alpha Phi Alpha Fraternity Inc., its officers, agents, servants, volunteers, organizations, or any other member for any amount. Furthermore, the undersigned understands that if for any reason their student must be removed from the tour for disciplinary reasons it shall be at no expense to the organizer, and that the undersigned, and/or participant shall assume all costs. Nothing herein is intended to, nor shall it be construed to release any insurance company or third party from any obligation to pay under any liability insurance or other benefit.

X _____ X _____
Parent/ Legal Guardian Signature Date

List any food or medication allergies: _____

List any medications to be taken: _____

Insurance Carrier: _____ Primary Card Holder: _____

ID#: _____ Policy#: _____

X _____ Date _____
Parent/ Legal Guardian Signature. This serves as your consent to give medical treatment in the event that your child is injured, and you cannot be reached.