

**Alpha Phi Alpha Fraternity Inc.  
Beta Lambda Educational Institute  
"2022 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 2022 Spring College Tour sponsored by Beta Lambda Educational Institute (BLEI) in partnership with Alpha Phi Alpha Fraternity, Inc. The tour will visit colleges, universities and tourist attractions during the week of March 20 – March 26, 2022. It is understood that the tour director can under reasonable and limited conditions alter the plan of this activity. **The undersigned further acknowledges that an express condition precedent to the above student's participation in this program is the student's ability to show proof of vaccination from COVID-19 and an executed COVID-19 parent waiver.** Full vaccination can be shown by providing a copy of the CDC issued Vaccination Card showing your student's name, Date of Vaccination, Location/Site of Vaccination and type of vaccine taken. Acceptable vaccines include Moderna, Johnson & Johnson or Phyzer. **Additionally, the student must produce a negative COVID-19 test result within 48 hours from the Tour departure date.** The undersigned hereby consents to the 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 of Alpha Phi Alpha Fraternity Inc., its officers, agents, servants, volunteers, organizations, or any other member for any liability, claims, actions, damages, costs or expenses incurred as a result of the student's participation in the Tour. Furthermore, the undersigned understands that if for any reason their student must be removed from the tour for any reason, it shall be at no expense to BLEI, 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 your child is injured, and you cannot be reached.