

**PALM BEACH STATE COLLEGE
OFF-CAMPUS TRAVEL AND EVENTS FORM**

If necessary, I authorize securing the services of a physician or hospital, and I will provide for the payment of expenses for necessary services in the event of accident or illness.

I also agree that the school or conference representatives have the right to send the student named below home from the activity at his/her expense, provided that he/she has violated the College Code of Conduct and/or his/her conduct has become a detriment.

I have read the Palm Beach State College Off-Campus Travel and Events Policy. This form will also serve as release for photo or video records that will be used by college or organization.

Event: _____

Agreed to: _____
(Print Student Name)

Student Signature

Student Social Security Number

Print Parent/Guardian Name

Parent/Guardian Signature (If student is under 18.)

Emergency Contact: Name and Relationship

Emergency Contact: Telephone

Health Insurance Company Name

Health Insurance Policy Number