East Tennessee State University
Educational Talent Search
Permission Form

I give permission for my child, _____, to go on
(Student's Name)
the Educational Talent Search trip to Milligan College and Biltmore Estate (Asheville, N.C.) on Tuesday, June 9, 2009. I understand that my child will be leaving from the departure point indicated below and will be returning to the same location on a Hawkins County school bus.

PLEASE CIRCLE THE LOCATION OF YOUR CHILD'S DEPARTURE AND ARRIVAL:

Location:	**Departure**	**Arrival**
Clinch School	7:30a.m	8:15 p.m.
Rogersville Middle School	8:00 a.m.	7:45 p.m.
ETSU Kingsport	8:35 a.m.	7:15 p.m.

I understand that Educational Talent Search at East Tennessee State University will sponsor this trip and not the school my child attends or the school system where he/she is enrolled. I understand photographs will be made and interviews may be conducted during the activities and give permission for those photos and/or interviews to be used for Educational Talent Search publicity purposes only.

I have read, understand, and agree to the statements made in this document and the Field Trip Expectations of Conduct enclosed. I relieve the Hawkins County school system, East Tennessee State University, Educational Talent Search, individual Educational Talent Search staff members, and/or individual school system personnel of all responsibility beyond that of reasonable supervision of my child.

_____ _____

Signature of Student Date Signature of Parent Date

All rules of your child's school, the Hawkins County Board of Education, East Tennessee State University, and Educational Talent Search at East Tennessee State University will be enforced.

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Medical and Emergency Information

Does child have any medical conditions we should know about? _____

_____

Does he/she have any allergies we should know about in case of an emergency? _____

_____

Does your child need any special accommodations during this activity? _____

_____

Whom should we contact in case of an emergency? _____

Contact person / emergency phone number is ( ) ____-- _____ .

If your child should become ill and require medical aid, do we have your permission to consult a doctor or take your child to a hospital? (Please circle one.) Yes No

If yes, please indicate your Insurance Co. _____

Policy No. _____

If no, please indicate the steps that you prefer us to take. _____

Please return this form to: ETSU Educational Talent Search, 1501 University Blvd., Kingsport, TN 37660 by Friday, May 29, 2009.