



UNIVERSITY OF CENTRAL FLORIDA

McKNIGHT CENTER OF EXCELLENCE

National Achievers Society Parental Consent Form

Please complete all sections and sign at the bottom.

Student's Name		Chapter		
Student's Address		City	State	Zip
Emergency Contact Name(s)		Emergency Contact Number(s)		
1.				
2.				
Does your child possess any known allergies or illnesses that would prevent him/her from participating in an activity?		<input type="checkbox"/> Yes _____ (Please list)		
		<input type="checkbox"/> No		

By signing this document, I grant permission for my child to travel with the UCF McKnight Center of Excellence National Achievers Society on scheduled field trips and participate in any activities that may be planned. I understand that the University of Central Florida, McKnight Center of Excellence, and Student Outreach Services or any individuals working on behalf of the University cannot be held liable for any injuries that may occur during the duration of a field trip. I also understand that I as a parent will assume all risks and responsibilities associated with his/her participation.

Signature of Parent or Guardian

Date

Note: To be eligible to participate in MCOE scheduled field trips, the Achiever must have paid dues and have a permission slip on file for the current year.