University of Vermont

University of Vermont
Acknowledgment of Risk and Consent for Treatment during Field Laboratories

Section 1 (*To be completed by field lab leader)*
Class: _____
Field lab leader: _____Telephone: _____
Address: _____
Field lab date(s):
_____
Equipment/supplies to be provided:
- by participant: _____
- by field trip leader: _____
Immunizations required (check with Student Health Center): _____
_____
Physical activities to be undertaken include: _____
_____
Risks inherent in this field trip include bodily injury due to: _____
_____

Section 2 (*To be completed by field lab participants)*

I acknowledge that there are certain risks inherent in field laboratories, including but not limited to those indicated in Section 1. I acknowledge that all risks cannot be prevented. I represent that I am physically able, with or without accommodation, to participate in this field laboratories for this course, am able to use the equipment and/or supplies described above, and have obtained the required immunizations, if any.

Should I require emergency medical treatment as a result of accident or illness arising during the field lab, I consent to such treatment. I acknowledge that the University of Vermont does not provide health and accident insurance for field laboratory participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the trip leader in writing if I have medical conditions about which emergency medical personnel should be informed.

If a student, I will follow the Code of Student Rights & Responsibilities. I will not possess or use alcohol or unlawful substances while participating in course work. I will wear a seatbelt at all times during transportation to and from the field site.

_____
Name (*please print)*

_____ _____
Signature Date

_____ _____
Signature of parent/guardian (if participant is a minor) Date

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Section 3 (*General Information)*

To request disability accommodations for this field trip, please notify your trip leader or contact the Specialized Student Services Office at least 10 days in advance of the trip by calling (802) 656-7753 (voice); (802) 656-3865 (TTY); or (802) 656-0739 (FAX).

Immunizations may be obtained through the Student Health Center (802) 656-0847 or your primary care physician.

Section 4 (Health Insurance Information)

Participant's Health Insurance Company: _____ Policy # _____