

STUDENT PROGRAM FORMS

PARENT CONSENT FORM TO SEND YOUR CHILD TO THE BREAST CANCER & ENVIRONMENT RESEARCH PROGRAM IN _____ ON NOVEMBER _____

I (We), parent(s) of _____ [name of child] consent, approve and agree to send our child by plane flight for attendance at The Breast Cancer and Environment Research Program (BCERP), scheduled for November _____

The Great Neck Breast Cancer Coalition, a not for profit corporation, has represented that it will pay for shuttle bus service from the _____ airport to the _____ Hotel in _____ City and for cab service from the _____ Hotel to the _____ (City) airport. Great Neck Breast Cancer Coalition has not made any arrangement and is not paying for any transportation to or from _____ (home airport name).

Great Neck Breast Cancer Coalition will chaperone your child while on the flight and deplaning and getting from the plane to the shuttle bus to the hotel. Chaperones _____ (names) will chaperone your child back from the hotel on a shuttle bus to the airport and plane.

While attending the BCERP, my child is expected to attend the conference and display his or her poster and to attend the meals provided at the conference. Great Neck Breast Cancer Coalition will provide for the evening meal on the first night of the conference. All other food needs to be purchased by your child.

Great Neck Breast Cancer Coalition has provided a conference schedule, but has no responsibility for supervision or tracking of my child during the conference, or any other time.

I have carefully considered the extent to which there is any risk involved to my child in relation to his/her travel to and attendance at BCERP and have given consent for my child to participate in this conference. I release Great Neck Breast Cancer Coalition, its officers, members and volunteers, from any and all claims or liability by, for or on behalf of my child, including for any ordinary negligence, arising out of my child's travel to and attendance and participation in BCERP and any lodging or accommodation, and selection of any medical provider in case of an emergency involving my child if I cannot be reached.

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE _____