



ST. XAVIER'S COLLEGE JAIPUR

Nevta - Mahapura Road, Jaipur - 302029, Rajasthan, India

Affiliated to the University of Rajasthan

Approved under Section 2(f) & 12(B) of the UGC Act, 1956

A Christian Minority Jesuit Institution

An ISO 14001:2015 Certified Institution

PARENT/GUARDIAN CONSENT FORM

Student's Name **Class** **Visit date:**.....

Destination:

Departure Time: **Return Site:**

Return Time:.....

I,....., the parent/guardian of the student named above, hereby give my permission for my child to take part in(visit/event name) organized by the..... Department/Unit. I understand that the following conditions apply:

- I understand that I am responsible for getting my ward to and from the departure and return sites described above.
- I understand that my ward shall be accompanied by staff members during the event/trip, including while traveling from the departure site to the destination site, and from the destination site to the return site.
- I understand that my ward is expected to behave responsibly and to follow the college discipline code and policies.
- I agree and understand that I am responsible for the actions of my ward, and I release the college from all claims and liabilities that arise in connection with the event/trip, except in cases of negligence by college officials.
- I confirm that my ward is medically fit and able to participate in all activities.
- I have indicated below any permanent or temporary medical or other conditions, including special dietary and medication needs, or the need for visual or auditory aids, which should be known about my ward.
- I understand that if I believe it is necessary to limit my ward's involvement/engagement, the college may not be able to accommodate him/her on the trip, and that I and my ward will be informed of this decision as soon as possible upon the college's receipt of this complete consent form.
- I agree that in the event of an emergency, injury, or illness, the staff members in charge of the event/trip may take action on my behalf and at my expense in obtaining medical treatment for my ward.
- I understand that tobacco, alcoholic beverages, and/or illegal drugs are prohibited and have discussed this prohibition with my ward. I understand that if my ward is found in possession of or has consumed these substances, he/she will be subject to college disciplinary procedures and possible criminal prosecution.
- I understand that students who violate the college discipline code may be excluded from participating in future trips.

In an emergency, I can be reached at.....

I give permission for my ward to participate in this college trip. I understand that my ward cannot participate in this trip without my written permission, which I give by signing this consent form.

Signature of Parent/Guardian with Date:

STUDENT DECLARATION

I understand that I am to act on this trip/event in the same responsible manner in which I am expected to conduct myself in college.

Signature of Student:

Date: