

**Join Central College ETS on a visit to**

**Iowa State University**



**Wednesday, October 5, 2016**

A *finalized itinerary will be sent once applications have been received.*  Students will be picked up and dropped off at their home high school.

**Tentative Agenda:**

Depart School: 2:30 PM

Arrive at Iowa State University: 3:30 PM

College Visit: 3:30-5:00 PM

Dinner: 5:00-6:00 PM

Women’s Volleyball Game (ISU vs KU): 6:30-8:00 PM

Return to High School: 9:00 PM

**APPLICATIONS ARE DUE SEPTEMBER 26, 2016**

Please return application to the ETS office by September 26, 2016.

Contact the ETS office at 1.800.527.4047 or your Coordinator if you have questions.

**Jen 641.990.7522**

**Bob 515.490.5828**

**Kristin 641.204.1626**

**Permission for Educational Talent Search Personnel To Seek Medical/Dental Services**

I hereby give my consent for Educational Talent Search (ETS) personnel to select and secure medical/dental services, as ETS personnel deem prudent and necessary for the health and safety of my student while he/she is a participant in an ETS event. Medical services may include but are not restricted to outpatient treatment, emergency hospitalization, anesthesia, surgery, injections, and/or prescription drugs.

I understand that insurance contracted by ETS will cover the cost of treating my son/daughter for illnesses and accidents (**up to** **$1000**) occurring while engaged in program activities to the extent covered by the ETS insurance policy.

I understand that illnesses or accidents that are the result of a pre-existing condition or self-inflicted injury are excluded from ETS insurance coverage. In the case of an illness or accident that is the result of a pre-existing condition or self-inflicted injury, I will assume full responsibility for cost of treatment of my student.

I ask that billing and necessary diagnostic information/medical records related to medical/dental services provided to my child at the request of ETS personnel be released to/directed to the attention of:

Louise Esveld, Pre-College Programs Director

Central College

812 University

Pella, IA 50219

or to the insurance company contracted by ETS to provide medical/dental coverage for program participants.

I understand that if ETS or the insurance provider deems the illness or accident to be the result of a pre-existing condition or self-inflicted injury, the bill will be promptly forwarded to me for payment or submission to my insurance carrier.

This release shall be in full force and effect throughout the event period of October 5, 2016.

**Expectations for Participants**

You should be prepared to do a lot of walking. The weather can be cold or warm and may be rainy, so your attire should be appropriate and follow general school rules for dress.

You are expected to behave appropriately as a representative of Educational Talent Search and the State of Iowa. When visiting sites, you will be respectful of others and of public property, as well as the rules and regulations of each site. You will be expected to stay with the group at all times, unless directed otherwise. In general, you will follow the directions of your adult chaperones.

**Parent/Guardian Permission**

Parent/Guardian,

Please sign below to indicate you are aware your student is applying to attend the Educational Talent Search sponsored event October 5, 2016, that you have read and agree to the medical and dental services statement, and understand the insurance agreement*.* We will provide additional information and a specific itinerary once the event roster has been finalized.

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**Student Contract**

I agree to meet the expectations for the ETS field trip. I understand that I will be given more detailed information at a later date. All information provided on this application is true and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**2016-2017 EDUCATIONAL TALENT SEARCH ACTIVITY EMERGENCY CARD**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the address above new? No\_\_\_ Yes\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Relationship Phone #

Medication: No\_\_\_ Yes\_\_\_ Please list names and dosages:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Condition: No\_\_\_ Yes\_\_\_ Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applications due**

**September 26, 2016.**