

# Day Trip\*

*Please complete and provide a copy of this form to Sharon, Anne, Rachael or Jean in the front office in advance of your trip.*

Name of program, event or studio \_\_\_\_\_

Date(s) of off-campus travel \_\_\_\_\_

Name and cell phone number of person in charge \_\_\_\_\_

Itinerary and description or purpose of off-campus travel \_\_\_\_\_

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Type of transportation \_\_\_\_\_

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Name of participants (or attach a class roll) \_\_\_\_\_

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Please have all participants complete a Medical Consent Agreement to be kept on file in the front office. If more than one 'day trip' will be made during the semester, it is only necessary to complete one Medical Consent Agreement per student as long as all trip dates appear on the Agreement.

\*The School of Architecture would like to have a record of each time students are 'required' to be off-campus as part of the class they are taking. **In case of an emergency or incident of injury resulting in possible liability, the School will be better prepared to assist and respond to external inquiries.**

**SUBMIT**

**RESET**

Thank you.