**GEORGE BIDDLE KELLEY EDUCATION FOUNDATION, INC.**

**P.O. Box 14692 • Albany, NY 12212 • (518) 847-2180**

**gbkfoundation@gmail.com •** [**www.gbkfoundation.org**](http://www.gbkfoundation.org)

Dear Parent/Guardian:

Your \_\_\_\_\_\_\_\_ has indicated his/her desire to attend the Campus Tours and Informationals at Lasell College and Tufts University on Friday , March 17th, 2017.

We have chosen this trip believing it will provide knowledge for the college process and have prospective students about what they want in a college. It is expected that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will demonstrate courteous and respectful behavior at all times during this important college tour.

PLEASE COMPLETE AND RETURN THE EMERGENCY FORM AT THE BOTTOM OF THIS SHEET TO THE DIRECTOR (George Tiggle) NO LATER THAN **Friday, March 10, 2017**.

EVENT LOGISTICS: Campus Tour at Lasell College and Tufts University

DESTINATION: Medford, MA and Newton, MA DATE: Friday, March 17, 2017

DEPARTURE: (Metro, 102 2nd Street, Albany, NY) 5:45 AM EXPECTED RETURN: 7:00 PM

LUNCH: Will be provided

Contact: George Tiggle at george.tiggle@gmail.com/ 518-925-8266

**CAMPUS TOUR & INFORMATIONAL PERMISSION SLIP AND EMERGENCY CARD**

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permmission for the George Biddle Kelley Education Foundation/Alpha Phi Alpha Fraternity, Inc. to act on my behalf if an emergency arises and to arrange transportation and accompany my child to the nearest emergency room.

As a parent/guardian I do herewith authorize the treatment by a qualified and licensed medical doctor, of the following minor in the event of a medical emergency which, in the opinion of the attending physican, may endanger life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This release form is completed and signed of my own free will with the purpoose of authorizing medical treatment under emergency circumstances in my absence.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Medical Problems: (Allergies – Medication – Other)

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