



BOISE STATE UNIVERSITY

**BOISE STATE UNIVERSITY'S  
LAB WAIVER OF LIABILITY AND ASSUMPTION OF RISK  
Parental Permission (Minors)  
Emergency Medical Authorization**

I hereby grant permission for my child to participate in Boise State University's Lab visitation.

**PARENTS AND STUDENTS:**

Parents and students agree to indemnify and hold harmless Boise State University and the State of Idaho from all claims, liabilities, damages, losses, demands, costs, or suits of any nature whatsoever, including for property damage, personal injury, or death, caused by the negligent acts or omissions of students and families participating in the Boise State Lab program in the performance or conduct of any and all aspects of this agreement. This indemnity shall include costs, expenses, and attorney's fees occasioned by said loss, damage, liabilities, claims, demands, or suits as well as the full amount of any judgment rendered or compromise settlement made, plus court costs and interest. Nothing herein shall constitute a waiver on the part of Boise State University or the State of Idaho of any privilege, immunity, or defense provided under the Idaho Constitution, the Idaho Tort Claims Act or applicable law.

**STUDENT CONDUCT RULES**

At all times student's will show respect for and follow the directions of the Lab instructors. Students will also show respect to other students and speakers **(including appropriate use of cell phones and music players)**. No smoking, alcohol or drugs. No kissing or inappropriate touching. No profanity or insulting language. No harassing behavior. No weapons or violent behavior. Failure to obey any of the above or rules and expectations set by the Lab instructors will result in the student being sent home immediately, and his/her parents and school notified. Misbehavior of any of the listed could lead to expulsion from the University.

I release and hold harmless Boise State University, State of Idaho, and Lab employees from any and all liability of any kind which may arise during or relating to the Lab visit, except liability for damages and injuries caused by the sole negligence of the Lab.

***Signature means you have READ, UNDERSTAND, and CONSENT to the above Lab Rules/Expectations and Emergency Medical Authorization/Information Form.***

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Please complete the **Emergency Medical Authorization** section of this form.

**SECTIONS 1 AND 3:** COMPLETE IF YOU ARE **GIVING CONSENT** TO EMERGENCY TREATMENT.

**SECTION 2:** COMPLETE IF YOU ARE **NOT GIVING CONSENT** TO EMERGENCY TREATMENT.

**Emergency Medical Authorization**

**SECTION 1: CONSENT TO EMERGENCY TREATMENT**

Student Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address \_\_\_\_\_ Telephone: \_\_\_\_\_

**Purpose:** To enable parents or guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. In the event of an emergency please call:

Name _____	Mother	Home Phone _____
		Work Phone _____
		Pager/Cell _____
Name _____	Father	Home Phone _____
		Work Phone _____
		Pager/Cell _____
Name _____	Other	Home Phone _____
		Work Phone _____
Relationship _____		Pager/Cell _____



In the event reasonable attempts to contact the above-mentioned have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Preferred Physician: \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Dentist: \_\_\_\_\_ Phone \_\_\_\_\_  
M.D. Specialist: \_\_\_\_\_ Phone \_\_\_\_\_

In the event the designated preferred practitioner(s) are not available, by another licensed physician or dentist; and the transfer of the child to

Preferred Hospital: \_\_\_\_\_  
Or any hospital reasonably accessible.

**This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Date

**SECTION 2: REFUSAL TO CONSENT TO EMERGENCY TREATMENT**

I **do not give my consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to TAKE NO ACTION OR TO \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Date

**SECTION 3: EMERGENCY MEDICAL INFORMATION**

Food allergies \_\_\_\_\_ Medicine allergies \_\_\_\_\_

Insect allergies \_\_\_\_\_ Other allergies \_\_\_\_\_

Is EPI-PEN required?      Yes \_\_\_\_\_ No \_\_\_\_\_

Current Medications:

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Additional Health Concerns (Diabetes, Asthma, etc.) \_\_\_\_\_