



## Great Falls College MSU Travel Involving Students

### 1. Travel sponsored by Student-Fee Funded Organization or Recognized Club.

- a. If more than one person, the group chooses a Designated Responsible Party (DRP).
- b. Only the DRP fills out the Travel Authorization & Advance form (AP form), Student Travel Request, and detailed daily itinerary. Each Student fills out an Assumption of Risk form and includes their name on the Participant Roster for Travel involving Students.
- c. DRP submits all paperwork to the Associate Dean for Student Services.
- d. The Associate Dean for Student Services reviews all forms, signs the Travel Authorization(s) and Student Travel Request and sends Travel Authorization(s) to Accounts Payable Travel Coordinator. A copy of the signed Student Travel Request is returned to the Associate Dean for Student Services.

### 2. Travel sponsored by a Great Falls College MSU Department.

- a. Faculty or staff will serve as the DRP.
- b. DRP will fill out Travel Authorization, Student Travel Request, and detailed daily itinerary. Each student fills out an Assumption of Risk form and includes their name on the Participant Roster for Travel Involving Students.
- c. DRP submits all paperwork to their Division Director or Department Head.
- d. Division Director or Department Head reviews paperwork for completeness, appropriateness, and appropriate usage of funds, signs off, and forwards the Assumption of Risk form and participant roster to the Associate Dean for Student Services.
- e. Associate Dean for Student Services reviews all forms, signs the Travel Authorization(s) and Student Travel Request and sends Travel Authorization(s) to the Accounts Payable Travel Coordinator. A copy of the signed Student Travel Request is returned to the Division Director/Department Head.

## Complete Checklist To Ensure Completeness

### Prior to Travel (at least fourteen (14) business days prior to travel date)

- Student Travel Request is completed.
- Participant Roster completely filled out and accurate.
- Travel Authorization/Advance form is complete.
- All student participants have filled out and signed an Assumption of Risk form.
- A detailed daily itinerary listing travel routes, lodging, and activities for each day of the trip is provided.
- If you are traveling to a conference, training, or other organized event, copies of brochures or other materials describing the events(s) are attached.

### Day of Travel

- Ensure that the Participant Roster is still accurate and complete. If any new participants have been added, have participant sign an Assumption of Risk and add them to the Participant Roster.
- If any changes to the Participant Roster are made, contact the Office of the Associate Dean for Student Services and provide them with the updated roster and any new Assumption of Risk forms. If after hours or on the weekend, contact by email at [Camille.consolvo@gfcmsu.edu](mailto:Camille.consolvo@gfcmsu.edu).
- If any changes to the itinerary are made the day of, or during travel, contact the Office of the Associate Dean for Student Services via phone (406-771-4304) and inform them of the details of the changes. Leave a message if after-hours or on a weekend.

GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY

ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT FOR STUDENT TRAVEL PARTICIPANTS

If you are participating in a student organization/class-sponsored trip, please complete the following at least 10 days before your departure date. All participating travelers must complete.

Section 1 (To be completed by student travel leader)

Name of Class/Student Group: \_\_\_\_\_

Student travel leader: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location of Travel (City/State): \_\_\_\_\_

Student travel date(s): \_\_\_\_\_

Example 10/25-10/30/2015

Reason for Travel (i.e. conference, competition, etc.) \_\_\_\_\_

If traveling to a conference, please provide the website for the conference or sponsoring organization:

\_\_\_\_\_

Total Number of Travelers (estimate if unsure)\* \_\_\_\_\_

Mode of Travel \_\_\_\_\_

Estimated Date/Time of Departure \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Estimated Date/Time of Return \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Main Point Person for trip (leader or organizer who will be on the trip and must be on the trip roster\*): \_\_\_\_\_

Point Person Phone Number \_\_\_\_\_

Point Person Email \_\_\_\_\_

GFC MSU Advisor Name (if applicable) \_\_\_\_\_

Advisor Email \_\_\_\_\_

Advisor Day Phone \_\_\_\_\_ Advisor Evening Phone \_\_\_\_\_

Equipment/supplies to be provided:

- by participant: \_\_\_\_\_

- by student travel leader: \_\_\_\_\_

Physical activities to be undertaken include:

\_\_\_\_\_

Risks inherent in this student travel include bodily injury due to:

\_\_\_\_\_

\_\_\_\_\_

TRAVEL APPROVAL

Approval Recommended by: \_\_\_\_\_ Faculty/Staff/Advisor Signature

Print Name: \_\_\_\_\_

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

Reviewed by Academic Division Director (if applicable) \_\_\_\_\_

Signature

Approved by Chief Student Affairs Officer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Chief Student Affairs Officer

Date

\*RETURN COMPLETED FORM, AND ALL STUDENT FORMS, TO THE OFFICE OF THE CHIEF STUDENT AFFAIRS OFFICER/ ASSOCIATE DEAN FOR STUDENT AFFAIRS, G1, ADMINISTRATION AREA, 406-771-4304.

## STUDENT TRAVEL PARTICIPANT TO COMPLETE SECTION 2 BELOW.

### Section 2: To be completed by adult student travel participants (Note: If you are a minor, your parent or guardian will need to complete this form on your behalf for you to participate)

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Email\* \_\_\_\_\_ Phone #\* \_\_\_\_\_

Student Organization/Class you are traveling with\* \_\_\_\_\_

Last 4 Digits of Your Student ID Number -OXXX \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION:

Please provide us with a contact person in case of emergency during your travel.

Name of Emergency Contact Person\* \_\_\_\_\_

Relationship to You\* \_\_\_\_\_

Emergency Contact Phone Number\* \_\_\_\_\_

#### STUDENT TRAVEL ACKNOWLEDGMENT OF RISK

IN CONSIDERATION OF THE ACCEPTANCE OF MY PARTICIPATION IN THIS ACTIVITY/EVENT, I am aware that participation in activities associated with this activity involves inherent risks. I understand that potential dangers include, but are not limited to:

- Accidents during transportation
- Effects of temperature extremes
- Accidents due to negligence by participants
- Theft
- I fully realize and assume the risks of participating in this activity/event. I further represent that I have no physical or mental condition, which, to my knowledge, would endanger me or others, if I participate in the activity.
- I agree to abide by applicable rules and regulations and all laws while participating in this activity.
- I understand and agree that I will comport myself in a manner that is consistent with all laws and the requirements of the GFC MSU Student Conduct Code. Any misconduct that occurs on a student trip may be subject to withdrawal of the student's right to participate and/or discipline under the Student Conduct Code.
- I have read this document and fully understand its contents; I represent that I am at least eighteen (18) years of age and fully competent and that I fully intend to be bound by the terms of this agreement.

Participant Signature\* \_\_\_\_\_

Guardian(s) Signature (if participant is under the age of 18 years)  
\_\_\_\_\_

Sign if you agree to the above

#### MEDICAL CONSENT AGREEMENT

If I should require medical treatment because of injury or illness during the trip(s), I consent to such treatment in an emergency, or if at the time of injury or illness, I am unable to consent to such treatment.

I acknowledge that Great Falls College MSU does not provide health and/or accident insurance for trip participants and I agree to be financially responsible for any medical bills incurred as a result of an emergency or other medical treatment I may require while participation in student organization/class-related travel. I agree to notify Great Falls College MSU's Chief Student Affairs Officer, in writing if I have medical conditions about which emergency medical personnel should be informed and that person will notify the trip leader/organizer. In the case of injury or incident, I will be responsible for my own travel arrangements home as well as any expenses accrued for these arrangements.

I acknowledge that I have read the foregoing MEDICAL CONSENT, understand it, and sign it voluntarily. I am at least eighteen (18) years of age or I have had this document signed by my legal guardian, and I am fully competent and I fully intend to be bound by the terms of this agreement. I understand that this document and the information on it will be shared with medical personnel in the event of medical necessity. I also understand that the Office of the Associate Dean for Student Affairs will have copies of this document in their possession for the duration of my trip.

Participant Signature

\_\_\_\_\_  
Sign if you agree to the above.

Guardian(s) Signature (If participant is under the age of 18 years)

\_\_\_\_\_  
**Section 3. Medical information (attach extra pages if necessary)**

1. Describe all prescription medications or special medical care you require. If none, write NONE.

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

2. Describe all medications to which you are allergic. If none, write NONE.

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

3. Describe all other allergies (including food) or special medical conditions. If none, write NONE.

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

4. Provide Name, City and Telephone number to your physician.

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

5. Are you covered under a medical/hospitalization insurance plan? If no, write NONE. If yes, provide the following information:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Employer/Group Name: \_\_\_\_\_

**\*RETURN COMPLETED FORM TO THE OFFICE OF THE CSAO/ASSOCIATE DEAN FOR STUDENT AFFAIRS, G1, ADMINISTRATION AREA, 406-771-4304.**

