Domestic Study Away Approval

When to Use this Form

This form is required for any program in which faculty or designated representatives of CSC accompany students to off-campus locations within the United States and in which the group <u>stays more than two nights</u> and/or the distance of the location is farther than 500 miles from Chadron, Nebraska.

Instructions

- Review current policies and procedures for domestic study away.
- Complete the course information below.
- Attach a description of the domestic study away proposal.
- Attach emergency plan **IF** only one faculty leader is accompanying the group.
- Sign as faculty leader.
- Forward to department chair and dean for signatures.

Course Information

Course Name and Number	
Planned Dates of Departure and Return	
Faculty Leader(s) Print Name	Print Name
Date	Date
Faculty Signature(s) Signature(s) indicates that the faculty has received, understands, and requirements for offering field trips or domestic study away experien	agrees to abide by current institutional policies, procedures, and
	Date
Department Chair Signature indicates that the individual has reviewed the proposal and and desired learning outcomes of the department.	l agrees that it fits with departmental philosophy, course schedule rotation
	Date
School Dean	

Signature indicates that the individual has reviewed the proposal and agrees that student learning outcomes are clearly stated, the offering meets academic policies and procedures, and that appropriate faculty salary resources are available.

Domestic Study Away Emergency Plan Guidelines

When Required

When only one representative of CSC is accompanying students on domestic study away trips (more than two overnights and/or the destination is more than 500 miles from Chadron.)

Purpose

To provide a written plan for the disposition and welfare of students in the event the sole CSC representative becomes incapacitated or unavailable.

Potential Risk Scenarios

- Extreme illness, death, hospitalization, or other incapacitation of the faculty leader.
- Extreme illness, death, hospitalization, confinement, or other issues in which a student requires the full attention of the faculty.
- Long term separation of the faculty leader from part, or all, of the group.

Emergency Plan Guidelines

- Itinerary
- Communication link (contact name and phone number) to CSC
- Plan for disposition of students if faculty leader is incapacitated or separated from students
- Emergency contact information for each participant
- Designated emergency leader (member of group)

Distributing the Plan

- Submit in writing to the academic dean prior to embarking.
- Give a copy to the designated emergency leader when embarking.

Domestic Study Away Student Agreement

(Study Aways are two or more overnights and/or more than 500 miles distance from CSC)

Student Eligibility

Within the College's non-discrimination policy, the College reserves the right to determine qualifications and requirements necessary for student participation in College-sponsored field trips and domestic study away (field study).

Standards of Behavior (Code of Conduct)

For the health, safety, and welfare of participants, the public, the College, and others, I understand that the College has the right to establish and enforce rules, regulations, and standards of behavior for participation in field study. I understand that any violation of these rules, regulations, or standards, as published in the Student Handbook or other College publications, or failure to comply with a lawful directive of College personnel acting in performance of their duties, may result in disciplinary actions or sanctions including dismissal from the field study.

I agree that if I am involved in a legal dispute or violate the law during participation in the field study, I will attend to the matter personally at my own expense. I acknowledge that the College does not guarantee any assistance it can provide under such circumstances. I understand that any violation of local, state, or federal law may result in additional disciplinary action or sanctions by the College.

I understand that it is within the discretion of the faculty director or other designated College official to determine if my violation of such laws, rules, regulations, and standards of behavior warrants my termination from the field study. I also understand that if I am expelled from the field study, I may be sent home at my own expense with no refund of tuition or fees, and that I may be subject to additional disciplinary action when I return. In the event of dismissal from the program, the emergency contact designee below will be contacted.

Use of Private Vehicle

I understand that if I choose to drive or ride in a private vehicle to, from, or during the field study that it is a voluntary act on my part. Furthermore, I understand that the faculty, staff, any other person, or the institution are not responsible in any way for my safety or behavior, or for any consequences of my behavior, the behavior of the owner and/or driver of the private vehicle, for any other person in the vehicle, or for any incident. I also understand that I am responsible for any and all expenses associated with traveling in a private vehicle and that any owner or driver of a private vehicle will not be reimbursed for any expenses associated with traveling in the vehicle during the field trip activity.

Institutional Arrangements

I understand that the College does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods and services involved in the field study. I understand that the College is not responsible for matters that are beyond its control. I hereby release the College from any injury, loss, damage, accident, delay, or expense arising out of any such matters.

Program Changes

The College may, in its sole discretion, determine that circumstances may require the cancellation of the field study. The College will provide as much advance notice as possible of its intention to cancel the field study in which I participate. I also understand that the College or the on-site coordinators may prematurely terminate the field study. I understand that any fees and field study charges may change based on changes in costs associated with the program. I understand that the College reserves the right to adjust fees to reflect any changes in expenses beyond its control. If I leave or am expelled from the field study for any reason, there will be no refund of tuition, fees, or expenses already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, computer problems, or other unforeseen causes. If I become sick or injured, I will, at my own expense, seek out, contact, and join the field study group at its next available destination.

Early Departure

If I voluntarily decide to leave the field study before it completion, I will provide the College with advance written notice of my intention to leave. If I leave the field study prior to its completion, the College has no liability to provide or arrange for transportation, housing, dining, or other services to me in connection with my early departure. I understand that I am solely responsible for any and all costs arising out of my own voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness, or disciplinary action by the faculty director or other duly authorized CSC representative. If I decide not to return with the field study group, I bear complete responsibility and liability for my own care and safety. I understand that in the event I voluntarily or involuntarily leave the program early, the College will notify the person previously designated by me as the person to

contact in case of an emergency. Early departure from the program (voluntary or involuntary departure) does not automatically result in academic withdrawal. I acknowledge that it is my responsibility to resolve my enrollment status if I leave the field study early.

Independent Activity

Although Chadron State College is sponsoring this field study, I understand that neither the College nor any of the faculty, administration, or travel arrangers will be supervising me at all times. I may have the opportunity and right to independently leave the group periodically, subject to the faculty director's requirements for participation in and attendance at classes and other activities that are a required part of the field study. Therefore, when acting independently of the group, I will be responsible for my own safety and cannot hold the College liable for any injuries to my person or property or any other losses as a result of my participation in the field study.

Financial Responsibility

I understand that my participation in this field study is contingent upon making all payments or financial aid arrangements by the stated due dates and upon completing and submitting all required forms before the start of the program. I further understand that failure to submit forms or make payments may result in late enrollment penalties or my being dismissed from the field study. I also understand the cancellation and refund policies and agree to abide by them.

Health and Safety

I recognize that the College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care during the field study, the College is not responsible for the cost or quality of such treatment or care. The College may, but is not obligated, to take any action it considers warranted under the circumstances regarding my health and safety. I hereby authorize the College and/or its representatives to procure all necessary medical assistance while I participate in this field study and to authorize any competent medical person to do all things reasonably necessary to treat any injury or illness (including hospitalization, administration of anesthetic, surgery, or prescription of medication) that occurs during my participation in the field study. I agree to pay all expenses relating thereto and release the College from any liability or any actions. It is further agreed that, if my condition so required, I may be returned to Chadron, Nebraska or my current home address at my expense. I agree that if the College or its representatives make any payments on my behalf, I will reimburse the College or its representatives.

Assumption of Risk and Release of Claims

I understand that participation in a CSC-sponsored field study may involve additional risks and hazards not generally found while studying on the College campus. These additional risks include, but are not limited to: traveling to and returning from study locations; using public and private conveyances; various safety-related aspects of the location; and other matters which may or may not be described in brochures and other information concerning the field trip.

Aware of these risks, and in consideration of being permitted to participate in the field study, I agree on behalf of my family, heirs, and personal representatives, to assume all risks and responsibilities surrounding my participation in the field study. I and my heirs and successors and assigns agree to release, indemnify, and hold harmless Chadron State College, its past and present Nebraska State College Board of Trustees, officers, employees, agents and the heirs, successors, and assigns of each from any and all loss, cost, damage, injury or illness, death, liability, or expense (including reasonable attorney's fees) resulting in or arising from my participation in the field study, including periods in transit to or from the location of the field study.

I have read and understand the terms above requirements of Chadron State College. No i written statements have been made.		-	-
Student Name (print)	Student Signature	Date	_
Parental or guardian signature is <u>required if</u> for federal income or federal financial aid pu		the applicant is considered a de	<u>ependent</u>
I am the parent or legal guardian of the appli preceding Domestic Study-Away Agreement. of the applicant, and agree for myself and the and financial responsibility.	By signing below, I understand that I am le	gally responsible for the obligati	ions and acts
Parent or Guardian Name (print)	Parent or Guardian's Signature	Date	1/08

Student Medical Information

The purpose of this form is to determine your health history and any special medical needs you may have when participating in domestic study away programs. Information provided will be treated confidentially on a "need-to-know" basis. Your field study faculty director will retain this information for the purpose of serving you as promptly and accurately as possible in the event that you require medical or counseling attention during the study away.

Name of Student (print)			
Course and/or Field Study Title			
Are you currently in good physical condition?	Yes □	No □	If no, explain
Are you currently being treated for any physical condition?	Yes □	No 🗆	If yes, explain
Do you have any physical or psychological conditions that could impact your ability to participate fully in this program?	Yes □	No □	If yes, explain
Are you diabetic?	Yes □	No □	Have you ever had epilepsy or seizure disorders? Yes □ No □
Do you have a heart condition?	Yes □	No □	Do you or have you had any eating disorders? Yes □ No □
Do you have asthma?	Yes □	No □	
Have you ever been treated for an emotional disorder?	Yes □	No □	If yes, describe
Do you have any allergies to foods, medications, environmental factors, insects, etc?	Yes □	No □	If yes, describe your reaction
Are you currently taking any medication?	Yes □	No □	If yes, describe
Are you on a restricted diet?	Yes □	No □	If yes, describe
Do you anticipate needing any health care or counseling during the field study?	Yes □	No □	If yes, describe
What diseases have you had in the past five years (if any)?			
Describe any additional health information that wou experience.	ld be essenti	al or helpfi	ul for the faculty leader to be aware of during the field study
my health that occur prior to the start of the program	n. I understa	nd that this	orrect, and I will notify the faculty director of any relevant changes in s form is for information purposes only and in no way implies that the m Board of Directors, or any designees of the above takes
Student Signature			Date

Medical Treatment Authorization

On occasion, emergencies may arise that require immediate medical care, hospitalization, or surgery for a participant. By signing this agreement, you are authorizing the CSC faculty director or other CSC appointed official to secure, at the expense of the participant, any medical treatment or procedures reasonably deemed necessary.

In the event of injury or illness where emergency medical services are required as determined in the exercise of the reasonable judgment of the faculty director or other appointed official of Chadron State College or an attending health care provider, if I am unable to authorize the necessary services myself, I hereby authorize the faculty director or other appointed official at Chadron State College or the attending health care provider, to secure at my expense, any necessary treatment, including without limitation, the administration of anesthetic and surgical procedures, medication as may be prescribed, my transport to and from medical facilities and my return to Chadron, Nebraska or other designated location. Student Name (print) Student Signature (sign in presence of notary) Date **NOTARY** State of ______ County of _____ . Subscribed and sworn to before me, a Notary Public within and for the County and State above set out this day of______, 20____. Notary My Appointment Expires Parental or guardian signature is required if the applicant is under 19 years of age or if the applicant is considered a dependent for federal income or federal financial aid purposes. Parent or Guardian Signature (sign in presence of notary) Parent or Guardian Name (print) Date **NOTARY** State of County of . Subscribed and sworn to before me, a Notary Public within and for the County and State above set out this ______day of______, 20____. My Appointment Expires Notary **Emergency Contact Information** Name of Individual to be Notified in Case of Emergency Relationship Address State

Secondary Telephone #

Primary Telephone #

Email