



CAL POLY

University Field Activities Notification

Dept: _____ Course#: _____ Section#: _____

Faculty/Staff Leader: _____ Term: _____

Activity Title: _____

Participant Name: _____

Requirements for this course include participation in activities out of the classroom, campus lab, and shops.

These activities are required by: _____

Alternative assignments(s) are ☐ are not ☐ available. Contact: _____

Schedule and Logistics for Activities:

Date(s)	Time(s)	Destination(s)	Site Activities

Fees and Expenses:

Expected Site Conditions:

In the event of an emergency, I agree to follow the direction of the University faculty/staff trip leader. **Initial** _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Allergies/Medical Conditions: _____

I authorize Cal Poly faculty or staff participating on this program to seek medical emergency treatment at the nearest hospital and/or clinic in the event I cannot make the decision myself or my emergency contact is unavailable. I authorize the administration of measures as are deemed necessary for my health and safety. **Initial:** _____

I agree to properly conduct myself at all times during the course of the program. I understand that any violation of University standards of conduct could lead to sanctions being imposed consistent with CSU Student Discipline Policies and Procedures. **Initial:** _____

Participant Signature: _____ Date: _____