

NORTH CLACKAMAS SCHOOL DISTRICT 12

PARENT/GUARDIAN PERMISSION FORM
AND MEDICAL AUTHORIZATION

I give (NAME) _____

(ADDRESS) _____

Permission to travel to _____ with _____

Trip beginning: _____ am
_____ pm period _____ on (DATE) _____

Return to School: _____ am
_____ pm period _____ on (DATE) _____

School transportation will be provided. The same rules that are in effect during school hours are in effect for the trip. The student is to abide by the instructions of the authorized leader.

Should an accident or medical emergency occur during the time my child is in route to, from, or during the activity, and the responsible leaders are unable to reach the parents/guardian for authorization, I hereby give consent for the responsible leaders to authorize such hospitalization or treatment, upon the advice of a qualified physician, as necessary, including injections, anesthesia or surgery. A photocopy of this authorization is as valid as the original.

The student's parents/guardians will be responsible for any expenses incurred through accident or illness.

Parent/Guardian name and address, with phone where you can be reached during the day:

NAME: _____

ADDRESS: _____

PHONE: _____

Name of Physician to be called in emergency: _____

Physician's Phone: _____

Does the above named student have any allergies or medical problems? Yes/No _____

List allergies or medical problems: _____

Name of medical insurance: _____

POLICY #: _____

SIGNATURE: _____ DATE: _____

(Parent/Guardian)

NOTE: PHONE PERMISSION IS NOT ACCEPTABLE. FORM SIGNED AND RETURNED TO TEACHER WILL ALLOW STUDENT TO PARTICIPATE.

See other side for alternate transportation permission.

TRANSPORTATION TO OFF-CAMPUS EVENTS

By signing this form and marking the appropriate boxes below, permission is given for the above student to travel to and from off-campus events that take place within a 50-mile radius of the high school where District transportation is not provided.

Mark all that apply:

Parent will provide transportation Yes No

Other Transportation:

Student driving private vehicle without passengers Yes No

Student driving private vehicle with other student passengers Yes No

Student riding as a passenger in a private vehicle operated by another parent Yes No

Student riding as a passenger in a private vehicle operated by another student Yes No

Student riding as a passenger in a private vehicle operated by a teacher Yes No

(In all cases, the driver must carry the minimum liability protection required by Oregon law. I understand that marking all responses "No," my son or daughter will not be transported to those events where District transportation is not provided.)

North Clackamas School District provides no medical or liability insurance applicable to these activities. Any accidents, injuries, or medical problems would strictly be the responsibility of the student and his or her parents or guardians. Students under 18 years of age require signatures of parents or guardians. Students over 18 years of age may sign this form with full understanding that they are considered by law to be responsible adults.

MY STUDENT AND I HAVE CAREFULLY READ THE INFORMATION ON BOTH SIDES OF THIS FORM AND COMMIT OURSELVES TO THIS AGREEMENT

Date

Signature of parent/guardian

Date

Signature of participant

I am available to Chaperone this Field Trip/Event: Yes No

If yes, please provide daytime contact information: _____
