

CAMAS HIGH SCHOOL 2011-12
FIELD TRIP PERMISSION/EMERGENCY CONSENT FORM

I hereby give my permission for _____ DOB _____

who attends Camas High School to participate in the field trip to: Ashland, Oregon to attend the Oregon Shakespeare Festival showings of Julius Caesar, Measure for Measure, and a backstage tour. Students will stay Thursday night, 10/27, in the Ashland Commons youth hostel. We will return to CHS on Friday night, 10/28, by approximately midnight.

Transportation will be provided by school district via Camas School District #117 bus

Student responsible for their own food: YES N/A _____ NO _____ FEE (If applicable) \$0

_____ Yes, I am interested in chaperoning _____ No, I am not interested in chaperoning

MEDICAL ~ EMERGENCY INFORMATION

Parent/Guardian name and daytime contact: Phone 1 _____ Phone 2 _____

Student's address _____

Healthcare Provider name/clinic _____ Phone # _____

Briefly describe any health information, (such as diabetes, heart condition, asthma, epilepsy, physical restrictions, or allergies) indicate medications your child needs to take with him/her on the field trip, and please note any medication allergies (which could interfere with the student's safety in these activities or may be shared with medication personnel if emergency services are needed). If medication is needed and not routinely given at school, please complete an Authorization for Administration of Medication form.

NONE _____ YES (explain) _____

STUDENT:

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my school. I understand that the school rules of conduct apply while on the trip.

Student Signature _____ **Date** _____

Informed Consent – PARENT:

I authorize qualified emergency medical professional to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my child, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Parent/Guardian signature _____ **Date** _____

This form must be completed in its entirety, and returned at least 5 school days prior to the event so that information can be reviewed by school health and nursing services.