

Oregon Episcopal School Trip Permission and Agreement Form
(PLEASE NOTE THIS IS A 2-SIDED FORM!)

Trip to: _____ Dates: _____ For (student name) _____

Field Trip and Emergency Medical Care Permission

In a medical emergency concerning my son / daughter / ward named above, I understand that every effort will be made to reach me for instruction. If, in the judgment of the trip leader or medical professional, delay in reaching me might jeopardize the child's well-being, I hereby authorize the trip leader or other OES representative to secure whatever medical treatment is deemed necessary, including the administration of anesthetics and surgery. EXCEPT AS NOTED BELOW, this child is in good health and may participate without restrictions in the above noted trip. His/her immunizations are current.

FOOD, DRUG, INSECT OR OTHER SERIOUS ALLERGIES OR HISTORY OF ANAPHYLAXIS:

OTHER HEALTH CONDITIONS: (DIABETES, ASTHMA, BED WETTING, MENTAL HEALTH ISSUES, SLEEP WALKING, SEIZURES, ETC.)

SIGNIFICANT ILLNESS, INJURIES OR OPERATIONS EXPERIENCED IN THE PAST YEAR:

LIST ANY FOOD PREFERENCES OR DIETARY RESTRICTIONS:

DATE OF LAST TETANUS INNOCULATION (mo/yr): _____

Please check whichever of the following apply:

_____ My child will not be bringing medication on this trip.

_____ My LS/MS student will be bringing medication on this trip and I have completed the required PERMISSION FOR ADMINISTERING MEDICATION FORM.

_____ My US student will be bringing one or more of the following medications: prescription pain medication, learning disorder medication, or medication prescribed for psychological conditions. I understand that s/he **may not self-administer** these medications and **I have filled out and attached** the PERMISSION FOR ADMINISTERING MEDICATION FORM.

_____ My US student will be bringing other medications for self administration that are not in the above categories (no medication form required.)

Phone numbers where I can be reached during this trip: _____

If I cannot be reached, please contact my designated alternate: Name: _____ Phone numbers _____

My child has permission to participate in the trip described above. The medical information I have provided above is true and complete to the best of my knowledge.

Parent / Guardian Signature

Date

(PLEASE COMPLETE OTHER SIDE)

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Trip to: _____ Dates: _____ For (student name) _____

Agreement of Behavior and Health Expectations

Standards of student behavior at OES are based on respect and responsibility and are thoroughly outlined in the student handbook. On all trips, students are expected to observe all OES rules as well as any rules that the trip leaders deem necessary for ensuring trip participants' safety. If students violate school or trip rules, there will be consequences which could include immediate expulsion from the trip, ineligibility for future OES trips, and/or notification sent to future schools. Also, in order to maintain appropriate supervision for the entire group, students must be able to fully participate in the trip. If a student is unable to participate in the trip for more than 48 hours due to illness or injury, OES may require the student to leave the trip.

*I agree that _____, (my son/ daughter/ ward) is responsible for following all the rules and expectations for the trip described above. I understand that if the trip leader determines that my son/ daughter/ ward has broken the rules of behavior and safety so that s/ he merits being sent home from the trip, or if the trip leader communicates that my son/ daughter/ ward is too ill or injured to participate in the activities of the trip, I (or a responsible person designated by me) **will retrieve my child and I will assume responsibility for all costs incurred.** I understand that once I (or my designated representative) take responsibility for my child that s/ he will no longer be considered a participant in the OES trip and that OES will no longer be responsible for his/ her safekeeping.*

Parent or legal guardian's signature

Date

I agree to adhere to the OES rules and the expectations for the trip described above and understand the terms of dismissal.

Student signature

Date

(PLEASE COMPLETE OTHER SIDE)