

OLENTANGY HIGH SCHOOL
Field Trip Permission
(PLEASE PRINT)

Student's Name: _____ **Home Phone** (____) _____

The above named student has my permission to visit: _____
DESTINATION OF FIELD TRIP

With the: _____ **class on:** _____
Name of sponsoring class Date

I understand students will be traveling by school vehicle, leaving OHS at _____ and returning by _____

I understand all school rules will be followed while away from the building.

SIGNATURE OF PARENT/GUARDIAN

DATE

EMERGENCY CONTACTS

RESIDENTIAL PARENT OR GUARDIAN MOTHER'S FIRST AND LAST NAME HOME PHONE (____) _____
WORK PHONE (____) _____

RESIDENTIAL PARENT OR GUARDIAN FATHER'S FIRST AND LAST NAME HOME PHONE (____) _____
WORK PHONE (____) _____

OTHER PARENT, GUARIAN OR RELATIVE'S FIRST AND LAST NAME (RELATIONSHIP) HOME PHONE (____) _____
WORK PHONE (____) _____

IF PARENT / GUARDIAN CANNOT BE REACHED – EMERGENCY CONTACT FIRST AND LAST NAME HOME PHONE (____) _____
WORK PHONE (____) _____

The purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

THIS SECTION MUST BE COMPLETED

PART I: TO GRANT CONSENT:

I hereby give consent for the following medical care providers and local hospital to be called:

PHYSICIAN PHONE _____

DENTIST PHONE _____

MEDICAL SPECIALIST PHONE _____

LOCAL HOSPITAL PHONE _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to a hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed as follows:

Signature

Date