



School District #19
Springfield, Oregon

STUDENT PERMISSION FOR SPECIAL ACTIVITIES

Dear Parents,

In connection with their class instruction, students make planned trips to different places of educational value during the school year. These trips are planned so that the students may learn under the direct supervision of their teacher and other adults who may make the trip.

Every possible precaution is taken to ensure the safety of the students, but because the trips are away from school there is an element of risk involved. The district carries public liability insurance but, like private automobile insurance, it is effective only in cases of proven negligence. Oregon court decisions in the past have tended to hold that a school district engaged in carrying out an educational function is not liable for accidental injury.

Circumstances beyond the control of the district and the trip supervisor may occur during out-of-district trips, including trips taken outside the State of Oregon. Your signature below indicates your awareness of the potential for unscheduled flight delays, personal security searches, rerouting of travel and other events beyond the control of the school district. Parents will be liable for all expenses incurred by their child for any events that alter the planned itinerary of the trip.

Students from _____ are traveling to _____
in conjunction with _____

the _____

On _____, only students with _____

properly signed permission slips are allowed to make the trip. The school believes the experience valuable enough to warrant making the trip but recognizes your right as a parent to decide whether you wish your student to go. If you approve of your student making the trip, please sign and return this permission slip.

Principal's Signature _____

Teacher's Signature _____

EXCURSION PERMIT

My approval is hereby given for _____ to make the planned trip described above on _____. I understand that there is some element of risk involved in taking students away from the school building and that the liability insurance carried by School District #19 is intended to protect against proven negligence. It is my understanding that Oregon court decisions have held school districts not liable for accidental injury when they are engaged in an educational function.

Parent/Guardian Signature _____

Date _____

STUDENT PERMISSION
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MEDICAL INFORMATION

STUDENT NAME:

Emergency Contact (Name & Phone Number)

- 1.
- 2.
- 3.

Diabetic? YES NO

Seizures? YES NO

Allergies? YES NO If yes, list ALL allergens:

EpiPen required for allergies? YES NO

Does the student take ANY prescription medications? YES NO

Please list ALL medications taken (prescription & non-prescription):

Additional Information

Insurance Provider:

Group/Policy Number:

Primary Physician:

Physician's Phone Number:

In the event of an emergency, I give my permission to a Springfield School District representative to seek emergency medical help for my student.

Parent/Guardian Signature

Date

También disponible en Español