

# Oregon City School District

## Parent Permission for Student Travel Slip

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ has my permission to go on school trips with the OREGON CITY HIGH SCHOOL BAND. Teachers responsible are Mr. Henson and any band staff. It is my understanding that the trip will be fully chaperoned and that the students will adhere to all of the rules of band, Oregon City High School, and Oregon City School District, and be responsible to the school for all of his/her actions on the trip.

The above student is covered for accident and medical insurance benefits:

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Student's DOB \_\_\_\_\_

Allergies to foods, medications, bee stings, etc.: \_\_\_\_\_

Special Medical Problems \_\_\_\_\_

Does Participant Carry Medications on Person? \_\_\_\_\_

Medication Purpose \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Family Physician \_\_\_\_\_

Office name and address \_\_\_\_\_

City, State, Phone \_\_\_\_\_

### Authorization to treat a minor

I (we) the undersigned parent, parents, or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from a Department of Public Health and that I (we) agree to be responsible for the cost of such treatment. It is understood this authorization is given in advance of any specific diagnoses, treatment, or hospital care being required but is given to provide authority and power to render care, which the aforementioned medical staff in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions \_\_\_\_\_

It is understood that Oregon City School District is not liable for any accident or incident related to transportation by a public carrier.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Parent Name (print) \_\_\_\_\_ Relationship \_\_\_\_\_

Residence address: \_\_\_\_\_

Phone: \_\_\_\_\_