

FIELD TRIP PERMISSION/EMERGENCY CONSENT FORM

I hereby give my permission for _____ DOB _____

who attends Camas High School to participate in a field trip to: **Columbia Machine and the Art Institute of Portland** on **February 18**, departing at **8:00 am** from **CHS** and returning at **1:00 pm**.

Transportation will be provided by school district **BUS**, ~~**VAN, CAR**~~ or this will be a **WALKING** field trip

Students are responsible for their own lunch: (**YES**) at the Art Institute – bring lunch or money. FEE: **none**

Yes, I am interested in chaperoning. **No**, I am not interested in chaperoning.

A. Emergency Contact:

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

Student's Address _____

Healthcare Provider name/clinic _____ Phone# _____

B. Health Information:

Briefly describe any health information, (such as diabetes, heart condition, asthma, epilepsy, physical restrictions, or allergies) along with any medication allergies (which could interfere with the student's safety in these activities or may be shared with medical personnel if emergency services are needed).

NONE _____

YES (explain) _____

C. Medication Information:

If a prescription medication is needed and not routinely given at school an *Authorization for Administration of Medication* form must be completed by your student's health care provider and yourself and returned to the school nurse before your student will be allowed to attend the field trip. This form can be printed off from the Camas School District website at <http://www.camas.wednet.edu/student-health-notice-and-forms/>

_____ No, prescription medication is not needed on this field trip

_____ Yes, my student needs prescription medication on this field trip. Please list all medications

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

I authorize qualified emergency medical professionals 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** _____

Attention Staff Member: If a student has a health condition listed in section B or has checked that medication is needed in section C. **This form must be turned in to the school nurse for review 5 school days prior to the scheduled field trip.** If the necessary paperwork is not completed this student may not be allowed to attend the field trip.