



**OXFORD COMMUNITY SCHOOLS
Field Trip Permission Form
Parental Consent and Release of Liability**

Student's Name:

FIELD TRIP (to be filled in by school staff)

Place: Oxford High School Cafeteria

Teacher/Sponsor:

Goetz/King

Date: August 26th at 9pm – August 27th 7:52am

PLANNED ACTIVITIES (to be filled in by school staff)

Senior Girls Sleepover

Method of Transportation:

OCS bus or van _____ walking _____ private auto

Commercial vehicle: bus _____ train _____ plane

SPECIAL NEEDS/COSTS:

\$25 for t-shirt and pizza

Bring a snack to share

Method of Payment : cash check

Check made to Oxford High School

OTHER CONSIDERATIONS :

Students may not arrive after 10pm without permission from administration. Students may not leave once they have arrived for any reason. Please contact Katie Goetz or Sally King if you have any questions.

Family Physician _____

Phone _____

Address _____

Medical Insurance _____

Number _____

Known allergies _____

Chronic health conditions (diabetes, epilepsy, etc.) _____

MEDICAL RELEASE (to be filled in by parent/guardian)

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for, or consenting to the procedures or treatment is his/her discretion, in the event I cannot be reached.

Medical conditions we should be aware of: _____

Yes No District medication procedure on file with the school office needs to be copied for information.

EXPECTATIONS AND INSTRUCTIONS

All school rules are in effect during the duration of the field trip and will be enforced by all trip supervisors.

LIABILITY RELEASE

I am aware of the planned activities involved in this field trip which are described above. I knowingly consent to release and hold harmless the Oxford Community Schools and any of its agents or employees from any claim or any losses, damages, negligence, or injuries arising in connection with my child's (or legal ward's) participation in the field trip described above. I further understand that I may withhold my child (or ward) from participating in the field trip.

I request that the above named student be allowed to participate in the field trip planned and specifically consent to his/her participation.

DATE: _____

Consent of Parent/Guardian

Phone