NORTH CLACKAMAS SCHOOL DISTRICT 12
PARENT/GUARDIAN PERMISSION FORM
AND MEDICAL AUTHORIZATION

I give **(NAME)** _____ **(ADDRESS)** _____

permission to travel to **(PLACE)** _____

with **(Activity)** _____ of Milwaukie HS

Trip beginning: Approximately _____ A.M. P.M. on **(DATE)** _____

Return to school: Approximately _____ A.M. P.M. on **(DATE)** _____

School transportation will be provided. The same rules that are in effect during school hours are in effect for the trip. The student is to abide by the instructions of the authorized leader.

Should an accident or medical emergency occur during the time my child is enroute to, from, or during the activity, and the responsible leaders are unable to reach the parents / guardian for authorization, I hereby give consent for the responsible leaders to authorize such hospitalization or treatment upon the advice of a qualified physician, as necessary, including injections, anesthesia, or surgery. A photocopy of this authorization is as valid as the original.

The student's parents/guardians will be responsible for any expenses incurred through accident or illness.

Parent/Guardian name and address, (NAME) _____
with phone where you can be reached during the day.

(ADDRESS)_____

(PHONE)_____

Name of physician to be called in emergency:_____

(PHONE)_____

Does the above named student have any allergies or medical problems? _____

List allergies or medical problems: _____

Name and policy number of medical insurance: _____

SIGNATURE:_____ DATE:_____
(PARENT/GUARDIAN)

(Note: Phone permission is not acceptable. Form signed and returned to teacher will allow student to participate.)

RMS (6/92)