



2008-2009

Field Trip Permission Form

My child, _____, Grade _____, has my permission to travel by school transportation on any field trips during the normal school hours and athletic trips that may extend beyond the normal day while enrolled at Oregon Episcopal School. I understand that I will be notified by letter, phone, *Wednesday Express* or by school calendar or schedule about all off-campus trips before they occur.

Signed _____ Date _____

Emergency Care Authorization

If the School is unable to reach you or an authorized person named on your child's emergency form, do you give the School permission to authorize emergency care?

PERMISSION GIVEN: _____(Yes/No)

(If permission is not given, this may affect a student's participation in off-campus activities.)

As a parent or legal guardian of _____, a minor born on _____, I hereby authorize OES at my expense to authorize emergency care, take my child to a physician of their choice, and to consent to any x-ray examination, anesthetic diagnosis, medical or surgical treatment deemed necessary, if I or a person listed on the emergency form cannot be reached by telephone. I acknowledge that OES would not intentionally act negligently and hereby release OES from any claims that I might have as a result of any emergency treatment for the above named child. This permission is in effect for the duration of my child's enrollment at Oregon Episcopal School.

Signature: _____

Date: _____