



**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)*

Date: _____ Time: _____ M to _____ M

Place: _____

Teacher/Sponsor: _____

Method of Transportation: OCS bus or van walking private auto
Commercial vehicle: bus train plane

PLANNED ACTIVITIES *(to be filled in by school staff)*

SPECIAL NEEDS/COSTS *(to be filled in by school staff)* _____

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 is described above. I knowingly consent to release and hold harmless the Oxford Area 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

Address

Telephone (in case of an emergency)