

PARENT PERMISSION FOR OVERNIGHT SCHOOL TRIP

Name of Student: _____

In order for my child to take part in and receive the advantages of a program planned and sponsored by Jefferson School District No. 14J, Marion County, Oregon, I am hereby giving permission for him/her to participate in the following trip:

*Trip Description: _____ Trip Date(s) _____

Transportation may be provided at the discretion of the School District in such form as is approved by the Superintendent.

I authorize Jefferson School District 14J and its employees to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will be responsible for the payment of those costs.

Please list required insurance information below.

Insurance Name: _____

Group Name (if applicable): _____

Policy Number: _____

Group Policy Number (if applicable): _____

Any other pertinent information for insurance purposes: _____

List any medications or prescriptions that your child needs to take _____

(All prescriptions and medications will be held by our medical staff person.)

Do you wish to receive information on our school insurance? YES NO

Parent/Guardian Signature _____ Date _____

Address _____

Home Phone _____

Emergency Phone _____

Waiver of Liability

The Jefferson School District has agreed to approve student travel and participation in the above named trip. The District makes this approval based on your having health insurance covering your student(s) and the clear understanding that the District will be held harmless from any injury, accident or sickness in relation to this event.

I hereby waive all claims against, and hold the Jefferson School District harmless from, every and all claims of loss liability or damages for personal injury, or property damage, in favor of myself, my heirs, representatives or dependents.

Student (Print Name) _____ Signature _____ Date _____

Parent/Guardian (Print Name) _____ Signature _____ Date _____

Signature of School Official Reviewing Form for Completeness: _____

*completed by School Personnel