* BUS LOADS AT SAM OCTOBER ITTLE
* PERMISSION SLIP DUE NO LATER-TUESDAY!

Student Activity Permission Form Eugene School District 4J

Dear Families,

Please complete both sides...

Eugene School District offers planned trips to different places of educational and extracurricular value during the school year. These trips are planned so students may learn under the direct supervision of their teacher/coach/advisor and other adult chaperones accompanying the group.

Every possible precaution is taken to ensure the safety of the students; however, because the trips are away from school there is an element of risk involved. The district carries public liability insurance but like private automobile insurance it is effective only in cases of proven negligence. Oregon court decisions in the past have upheld that a school district engaged in carrying out an educational function is not liable for accidental injury.

Out of district trips, including trips taken outside the State of Oregon, may incur circumstances beyond the control of the district and trip supervisor. Your signature below indicates your awareness of the potential for unscheduled flight delays, personal security searches, rerouting of travel, and other events beyond the control of the school district. Parents/guardians will be liable for all expenses incurred by their child for any events that alter the planned itinerary of the trip.

9	Students from Activity to CCC HUNGS ON CAVEEV to par Destination Only students with properly signed permission slips are alleexperience valuable enough to warrant making the trip but	owed to make the trip. The s recognizes your right as a pa	school believes the arent/guardian to		
	approve or decline participation. If you approve of your st form. No. Mun 12 Principal	tudents' participation, <u>please</u> Teacher	M Wan		
	Student Conduct Agreement pledge my conduct will, at all times, reflect credit upon myself, my parents/guardians, and my school. I nderstand the school rules of conduct apply while on the trip.				
	understand that in the case of serious violation of the rules outlined in the Student Rights and Responsibilities andbook, my parent/guardian(s) will be called and I will be sent home at their expense.				
•	Signature of student	Date			

PLEASE FILL OUT NEATLY

Student Activity Medical Information

Please complete both sides...

Student name:		Cell # (ppt	ional)			
Emergency contact name:		Phone # (requ	in 1			
Allergies: □ Y □ N						
Dietary Restrictions: ☐ Y ☐ N If yes, please list allergen and treatment for reaction:						
Daily medications (list all prescri		scription):				
Insurance information:						
Insurance provider:			Nurse Initia	als: > FOR		
Primary physician:				NEHS		
Physicians' phone number:				NEHS NURSE		
Parent/Guardian Permissi	on for Student	t Activity		TO		
As the parent/guardian of the aborthere are risks of physical injury a		, I have read the attached field trip iting rticipation in these activities.	erary and I understan	d that		
emergency care to the above-nam the problem prior to any involved	ed student. I under treatment. In the o dent, neither they	als to examine and in the event of inju- erstand every effort will be made to cor- event it becomes necessary for the sch- nor the school district assumes financi- for unforeseen circumstances.	tact me to explain the	e nature of harge to		
These activities are an extension of school's published rules and regular		ation program and student conduct is t	o be in accordance w	ith the		
Signature of parent/guardian:		Date				
Printed name of parent/guardian:						
Parent/guardian Work phone:		Home phone:				
Cell phone:				Revised 04/23		
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