

Revised 4/2009

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:		
Place:				
Teacher/Sponsor:				
Method of Transportation:	OCS bus or van Commercial vehicle:	walking bus	private auto train	plane
PLANNED ACTIVITIES (to be filled	l in by school staff)			•
3 rd grade students will ride a bus to La Donation Ceremony. They will be doi				Elementary Book
SPECIAL NEEDS/COSTS (to be filled	ed in by school staff) None	e		
0 0 0	0 0 0	0 0	0 0	0 0 0
MEDICAL RELEASE (to be filled in If any emergency medical procedures of arranging for, or consenting to the proc	or treatment are required du			
Medical conditions we should be award	e of:			
	cation procedure on file with	th the school of	ffice needs to be co	opied for information.
EXPECTATIONS AND INSTRUCT All school rules are in effect during the		nd will be enfo	rced by all trip sup	pervisors.
LIABILITY RELEASE I am aware of the planned activities invaries the Oxford Area Community negligence, or injuries arising in connectivities understand that I may withhold	Schools and any of its agent ction with my child's (or le	nts or employee gal ward's) par	es from any claim on the field in the field	or any losses, damages,
I request that the above named student participation.	be allowed to participate in	the field trip p	planned and specific	cally consent to his/her
DATE:				
	Conse	ent of Parent/Gu	uardian	
	Addre	ess		

Telephone (in case of an emergency)