

**La Grande High School
Field Trip & Activity Permission Form**

Student Name: _____

Parent/guardian name: _____

I give permission for the above named student to participate in class field trips and extracurricular activities:

Parent's Initial

TRAVEL:

I give permission for my student to travel with a LHS class or extracurricular activity on local or out-of-town trips. Any exemption must be cleared with parent, teacher and administrator.

Parent's Initial

MEDICAL RELEASE:

I give permission for my student to receive emergency care from a medical doctor of the school's choice in the event such care is necessary in the course of class field trips or extracurricular activities travel.

Parent's Initial

STUDENT INFORMATION:

I give permission to use my student's picture in school publications, including newspaper, yearbook, programs, calendars.

Parent's Initial

SCHOOL RULES

I understand that all school rules as outlined in the Student Handbook apply at all times during LHS class field trips and extracurricular events.

Parent's Initial Student's signature: _____

I have read the above information and initialed my agreement to the information. Parent and student agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the proper course of field trips, extracurricular activities or travel.

Parent/Legal Guardian: _____

PLEASE COMPLETE BACK OF PAGE

Student: _____

INSURANCE:

La Grande High School **DOES NOT** provide accident or health insurance coverage for students. Parent is responsible for providing insurance coverage.

Student medical insurance policies are available for purchase through the school district. Information and forms are available through the school office.

Insurance Company: _____ Policy Number: _____

As parent/guardian, I hereby authorize any emergency treatment by a licensed medical physician and/or hospital in the event of injury.

Parent Signature _____ Date: _____

EMERGENCY INFORMATION:

Name of Physician: _____ Telephone: _____

Any allergies (such as penicillin, bee stings, etc) or specific instructions necessary for treatment:

Parents will be called first in case of emergency. Please list telephone numbers for parents:

Parent: _____ Home Telephone: _____ Work Telephone: _____

Parent: _____ Home Telephone: _____ Work Telephone: _____

Please list one person (other than parents) to call in case parents cannot be reached:

_____ Telephone: _____