



**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)  
Place: \_\_\_\_\_

**Teacher/Sponsor:** \_\_\_\_\_

Date: \_\_\_\_\_  
Time: \_\_\_\_\_ M to \_\_\_\_\_ M

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

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

**SPECIAL NEEDS/COSTS:**  
\_\_\_\_\_

**Method of Payment :**    cash    check  
or charge to : SendMoneyToSchool.com

**Family Physician** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Medical Insurance** \_\_\_\_\_  
**Known allergies** \_\_\_\_\_  
**Chronic health conditions (diabetes, epilepsy, etc.)** \_\_\_\_\_

**Phone** \_\_\_\_\_  
**Number** \_\_\_\_\_

**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 are described above. I knowingly consent to release and hold harmless the Oxford 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)