

Reedsport Community Charter School  
FIELD TRIP PARENT PERMISSION FORM

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student Grade

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian Phone Number

I Parent/Guardian Name (please print) \_\_\_\_\_ grant permission for my child (Student's Name) \_\_\_\_\_, to participate in this school-sponsored event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from Reedsport Community Charter School. I hereby release Reedsport Community Charter School and its staff from any liability while my child is being transported.

Parent Signature \_\_\_\_\_

**MEDICAL MATTERS:**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Family Doctor

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

**SPECIFIC MEDICAL INFORMATION**

Allergic Reactions (medications, foods, plants, insect, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any physical limitations?  
\_\_\_\_\_  
\_\_\_\_\_

You should be aware of these special medical conditions of my child.  
\_\_\_\_\_  
\_\_\_\_\_

XX

**ACTIVITY REMINDER FOR PARENTS/GUARDIANS**

\_\_\_\_\_  
Activity

\_\_\_\_\_  
Destination

\_\_\_\_\_  
Teacher/Staff

\_\_\_\_\_  
Day / Date

\_\_\_\_\_  
Departure Time

\_\_\_\_\_  
Return Time