

**Event/Activity Permission Form—Parent/Guardian, Medical, Student Agreement  
McMinnville High School**

**Student** (please print) \_\_\_\_\_ **Grade:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Event:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Time of Event:** \_\_\_\_\_ **Staff Advisor or Chaperone:** \_\_\_\_\_

**Parent/Guardian Information**

Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone #'s: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information (complete for every participant)**

Insurance Name: \_\_\_\_\_ Policy/Group/Plan Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

*Medications: Complete this section only for a student who requires medication to be administered.*

*When students attend field trips it is not always possible for a trained staff member to go with the student to administer medication. Therefore, it is our intent that a parent/guardian accompanies the student and administers the medication or allows the child to administer his or her own medication. **Please complete the appropriate section only if it applies to your child.***

*I, the parent/guardian of the above named student, will attend the field trip to administer medication(s).*

YES       NO, I designate \_\_\_\_\_ to administer the medication.

*I, \_\_\_\_\_, the student, will administer my own medication(s)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**Parent/Guardian Permission**

I give permission for the above-named student to go on and participate in this school event/trip. I am aware that the school district will provide transportation for this event/trip that may include the use of school buses, vans, or privately owned vehicles and I hereby authorize my student's use of such transportation. I further authorize the school district and its employees or agents to allow any doctor, medical facility, or paramedical unit to provide any necessary emergency medical care in the event of injury and/or illness to my student while participating in this event/trip. I understand that the school district does not provide medical insurance for my student and that it is my responsibility to pay for all expenses incurred as a result of any injury or illness to my student while participating in this event/trip.

I will not hold the school district, school board members, or school district employees or agents responsible for any accident, injuries, or damages or other losses to my student which may result from his/her participation in this school event/trip. Students must use this transportation both to and from the event/trip. **(In special cases only, the parent/guardian may sign an addendum giving his/her student permission to drive a personal vehicle.)**

*The parent/guardian may be asked to arrange for transportation of their child for misbehavior or rule violation by his or her child while participating in an event.*

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Furthermore, I have read and acknowledge the information presented in this form and the attached Student Agreement. I agree to abide by McMinnville High School's policies and requirements. **(See Back)**

\_\_\_\_\_  
**Student Name Printed**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Return completed form to \_\_\_\_\_ on or before \_\_\_\_\_