

# SILVERTON HIGH SCHOOL FIELD TRIP AUTHORIZATION

STUDENT NAME: \_\_\_\_\_

THIS STUDENT IS REQUESTING TO GO ON A FIELD TRIP TO \_\_\_\_\_ Western Oregon University \_\_\_\_\_ WITH THE

\_\_\_\_\_ Freshman class \_\_\_\_\_ (class/group). THE TEACHER IN CHARGE IS \_\_\_\_\_ Kristie Hays \_\_\_\_\_

Depart Date and Time: \_\_\_\_\_ 10/11/2017 \_\_\_\_\_ 7:55am \_\_\_\_\_  
Date Time

Arrival Date and Time: \_\_\_\_\_ 10/11/2017 \_\_\_\_\_ 2:15pm \_\_\_\_\_  
Date Time

**My child will need a sack lunch from school:** \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Students may also elect to bring their own lunch from home)

## **PARENT PERMISSION**

### **FIELD TRIP**

Field trips are an integral part of the educational experience for many classes. However, all classes are important and the privilege of having this experience is dependent upon each student taking the responsibility of making up the work missed in other classes. We expect the student to have each of his/her teachers sign this form and obtain assignments for the classes to be missed. Before giving your permission, please assist us by making sure your student has received the proper clearance from his/her teachers. Your signature below will indicate permission has been granted for your son/daughter to go on the field trip.

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

### **EMERGENCY TREATMENT**

In the event of an emergency, I, the undersigned parent/guardian do hereby authorize the district to obtain any medical care or hospitalization of my child, as they believe necessary for the welfare of my child. I do further authorize any medical doctor or hospital to provide any treatment believed necessary for immediate care of my child. I, the undersigned agree to pay for such medical treatment and shall hold Silver Falls School District 4J harmless from any liability, claims, judgments, and costs incurred as a result of any such medical treatment or hospitalization.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HOME PHONE NO.

\_\_\_\_\_  
EMERGENCY PHONE NO.

*(Please read and sign the Student Code of Conduct on the reverse side)*

## ***STUDENT CODE OF CONDUCT***

1. Students will not use tobacco products.
2. No student will have in their possession or possession by consumption, any alcoholic beverage.
3. No student will have in their possession or be under the influence of an illegal drug.
4. Students will not leave the “field trip area” unless having permission of their advisor, coach, etc.
5. Students will allow inspection of any luggage and/or room checks when appropriate.

**If any of the preceding code is broken, a student is subject to one or all of the following disciplinary actions:**

1. Suspension/expulsion from school/team/organization.
2. Parent notification and student sent home most appropriately way from trip location.
3. Legal action taken if applicable.

I have read and understand the “Student Code of Conduct” and consequences.

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Student Signature

Date

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Parent/Guardian Signature

Date