

**FIELD TRIP/ACTIVITY  
PERMISSION FORM**

**Dallas School District #2**  
Dallas, OR 97338

**FIELD TRIP/ACTIVITY:** (EXPLAIN)

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**PARENT/GUARDIAN PERMIT**

I want my child to have the privilege of participating in this **field trip**. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand the district and school assume no financial obligation for any injury that may occur.

My student, \_\_\_\_\_, has permission to participate in field trips.  
(Print student name)

**EMERGENCY INFORMATION** (please print)

1. Parent/Guardian Name(s): \_\_\_\_\_  
Mother's Phone #: \_\_\_\_\_ Father's Phone #: \_\_\_\_\_
2. Emergency contact if parent/guardian cannot be reached: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name and phone of physician to contact in case of emergency: \_\_\_\_\_  
Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

**INSURANCE ARRANGEMENTS**

My student is fully covered by insurance, and the school will not be liable for any injury that occurs during this trip. In addition, should any unforeseen accident occur, I grant permission for the activity advisor to seek appropriate medical attention for my child.

Insurance Co: \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

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

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