

# FIELD TRIP AND/OR EVENT PERMISSION FORM



Gervais School District #1  
A Culture of Diversity, Technology and Academic Excellence

Our Mission:  
We, with the involvement of our culturally rich  
community, will provide a creative, enriching and  
safe environment which instills a desire to become  
a life-long learner and a responsible citizen.

PO Box 100 – 290 First Street  
Gervais, OR 97026

EVENT: \_\_\_\_\_

DATE(S): \_\_\_\_\_

PLACE: \_\_\_\_\_

IMPORTANT INFORMATION & INSTRUCTIONS ABOUT THE EVENT:

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My son / daughter has permission to attend \_\_\_\_\_ event.

I, \_\_\_\_\_ parent/guardian grant permission to any advisor for the above event to make proper medical judgments for my student \_\_\_\_\_ (print student name), in case medical/dental treatment is needed due to an injury or illness. I understand that I will be responsible for all expenses, doctor and hospital and/or clinic that may be incurred for all related treatments to include prescription of medication. I also understand that any advisor or the school they represent who is involved in making medical decisions will not be held liable in any respect. I, for myself, and on behalf of my heirs, executors, administrators, successors or the delegates, hereby release and forever discharge the Gervais School District from any and all demands or claims, known or unknown, that I have or may have against the Gervais School District and its staff or employees for any and all harm or damage to my son/daughter to their health or property in any manner resulting from or arising out of their participation in and performance of activities related to this event.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Medical Insurance Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

School Lunch  Yes  No

PH: 503-792-3801

FAX: 503-792-3809

# FORMA de PERMISO de PASEO y/o EVENTO



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EVENTO: \_\_\_\_\_

FECHA(S): \_\_\_\_\_

LUGAR: \_\_\_\_\_

INFORMACION e INSTRUCCIONES IMPORTANTE SOBRE EL EVENTO:

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Mi hijo(a) tiene el permiso para asistir al evento de \_\_\_\_\_.

Yo, como padre / tutor de \_\_\_\_\_ le concedo el permiso a cualquier consejero para el evento anterior hacer los juicios médicos apropiados para mi estudiante \_\_\_\_\_ (nombre del estudiante en molde), en caso que se necesite tratamiento medico o dental debido a una lesión o enfermedad. Yo entiendo que yo seré responsable por todos los gastos, doctor y hospital y/o clínica que pueden incurrirse para todos los tratamientos relacionados incluyendo las recetas de medicamentos. Yo también entiendo que cualquier consejero o la escuela que ellos representan quién involucró tomar las decisiones médicas no seran responsables en cualquier respeto. Yo, por mí parte, y en nombre de mis herederos, ejecutivos, administradores, sucesores o los delegados, por la presente lo relevo y para siempre al Distrito Escolar de Gervais de cualquiera y toda reclamación o demandas, conocidas o desconocidas que yo tenga o pueda tener contra el Distrito Escolar de Gervais y su personal o empleados por cualquier o todo el daño o perjuicio a mi hijo/hija a su salud o propiedad de cualquier manera resultando de o surgir fuera de su participación en y la actuación de actividades relacionado a este evento.

Firma del Padre / Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

Numero de Teléfono de Casa: \_\_\_\_\_ Celular: \_\_\_\_\_

Proveedor de Aseguro Médico: \_\_\_\_\_

Aseguro Medico Numero de Grupo: \_\_\_\_\_ Numero de Póliza: \_\_\_\_\_

Lonche de la escuela  Si  No

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