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PARENT/GUARDIAN PERMISSION FORM

(Field Trip)

I, (print your name) _____, give permission for my son/daughter, (print name) _____, to participate in the class trip/activity. The teacher who will be working with my child is _____. I understand that as in any school activity, my child may encounter risks to his/her health and safety. Emergency care for my child may be provided and authorized by my child's teacher during this activity. Recognizing this, I give permission for my child to participate in the classroom event to:

I release the Pastors of Willamette Christian Center and the Administration of Willamette Christian School, its staff, all of its Board, its officers and directors, and all other persons involved in Willamette Christian School from any liability arising out of any accident, injury, or sickness that may happen to my child. I will instruct my child to obey rules of the trip/activity, and I understand that if my child disobeys those rules, my child's teacher may refuse to allow him or her to continue in the activity.

I understand that photographs and video may be taken of my child during this event and I release them to be used for future school publications.

I also give permission for the provision of emergency medical care to my child, including blood transfusion and anesthesia, should that, in the sole judgment of those administering such care, be necessary; and I release those persons administering such care from any liability arising from providing the assistance. I agree to accept all financial responsibility for the health care and emergency decisions deemed necessary including transportation by ambulance to the nearest hospital.

Parent's/Guardian's signature: _____ Date: _____

Parent's Name: _____ Relationship: _____

Address: City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Child's Date of Birth: _____

Medical Insurance Carrier: _____ Policy #: _____

Policy Holder's Name: _____ I.D. #: _____

Student's Physician: _____ Phone: _____

Student's Dentist: _____ Phone: _____

List any prescription medications your child takes: _____

Drug Name/Dosage Amount/Time/Reason: _____

Does your child have any medical conditions that we should be aware of? _____