

Corvallis High School

1045 Main Street / PO Box 700 ~ Corvallis, MT 59828

Phone (406) 961-3201 FAX (406) 961-4894

RELEASE FOR EMERGENCY MEDICAL TREATMENT 2016-2017 SCHOOL YEAR

As parent/guardian of _____ I hereby give my permission for the personnel of Corvallis School District to give first aid treatment and obtain if necessary, medical treatment from a doctor and/or hospital. This release may be used within policies of the school district and also during school activity trips.

Parent Signature

Date

Parent/Guardian 1: (name)	Daytime Phone Number: Cell Number:
Parent/Guardian 2: (name)	Daytime Phone Number: Cell Number:
Emergency Contact 1 (If Parent cannot be reached):	Daytime Phone Number:
Emergency Contact 2:	Daytime Phone Number:

Corvallis School District will NOT be responsible for the payment of insurance claims.

FIELD TRIP PERMISSION

Corvallis High School teachers take advantage of the exceptional educational opportunities available to students by exploring our world by way of field trips. Past trips have included travel to Charles Waters Wilderness, Teller Wildlife Refuge, the U of M, Lost Trail Ski resort, and Lake Como, along with local trips to museums, parks, private ranches, farms and businesses in the Corvallis area. This Field Trip Permission Slip will allow your child to travel with the class on school-sponsored and adult supervised field trips during this school year. Your signature also allows your child to travel on school provided transportation, when applicable. Teachers will be responsible for providing specific information regarding individual trips (i.e., place, date, time, appropriate clothing, any fees, etc.) allowing Parents/Guardians ample time to decide whether or not to allow the child to participate in a particular field trip.

All students are expected to ride to the activity on district provided transportation. Parents/guardians may request for their student to ride home with them after the event. Classroom teachers may have specific school work or behavior related criteria which determines whether a student may or may not participate in a field trip.

As a parent or guardian, I understand that the school and staff will do everything possible to prevent any accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the district. In consideration of the district's agreement to allow my child to participate in any field trip, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in the field trip that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee or agent of the Corvallis School District #1. In the event it becomes necessary for the district staff in charge to obtain emergency care for my child, neither he/she nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

I give permission for my child to participate in school-sponsored field trips during the school year.

Parent Signature

Date