



Wheeler High School

600 B Street ~ P.O. Box 266
Fossil, Oregon 97830

TRIP PERMISSION

I give my permission for _____ to travel on local field trips within Wheeler and Gilliam County with instructional staff and volunteer chaperones of the Fossil School District. By signing this form, I assume all responsibility for my son/daughter's behavior while on these trips. I understand that my child will be representing Wheeler High School and the community of Fossil, and that proper conduct is absolutely necessary. **This permission slip is valid for the school year within the two county areas of Wheeler and Gilliam.**

**Parent Signature _____ Date _____

AGREEMENT AND CONSENT FOR TREATMENT

This is to certify that I, the undersigned parent or guardian, hereby consent to and authorize the administration and performance of all needed medicines, surgical treatment, and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my child. It is understood that efforts shall be made to contact the undersigned prior to rendering emergency treatment to the patient.

Student's Name _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work: _____

List of all allergies, especially to medications: _____

Parent Signature

Date