

**PARENT/GUARDIAN PERMISSION
Off-Campus School-Sponsored Activity**

SCHOOL: <i>Westview High School</i>	DATE OF ACTIVITY: <i>school year 2010-2011</i>	STUDENT'S NAME:	
DESCRIPTION OF ACTIVITY: <i>all band/guard activities</i>	DEPARTURE/RETURN TIME: <i>Varies</i>	LOCATION OF EVENT: <i>see calendar of events</i>	TELEPHONE (if available at site)
WHEN MORE THAN ONE TRIP IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE: <i>concerts, festivals, competitions, fundraising events, out-of-town events, band camp, football games, pep band, parades, practices</i>		HOUSING & FOOD ARRANGEMENTS (WHEN APPLICABLE)	
		SUPERVISING TEACHER: <i>Matt Sadowski</i> <i>Laurie VanNest</i>	SCHOOL PHONE: <i>503-259-5365</i> <i>503-259-5365</i>

◆ TRIP PERMISSION
I, the parent of the above named student grant permission to the school to take him/her on the above described trip.

◆ MEDICAL WAIVER
I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.

PARENT/GUARDIAN SIGNATURE:	DATE:	HOME PHONE:	WORK PHONE:
POLICY NUMBER:	NAME OF HEALTH INSURANCE PROVIDER:		

Parent/Guardian: PLEASE RETAIN A COPY for your use. Return the remaining copies to the Supervising Teacher.

Par Permission Form

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