PARENTS PERMISSION FOR EXCURSION
OKLAHOMA CITY PUBLIC SCHOOLS

To  Susan Marshall-Armstrong, Principal  School  Wilson Elementary, an Arts Integration School  of  the Board of Education of the City of Oklahoma City, State of Oklahoma.
The undersigned, a parent or the parents of student, __________________________ request that the said student be permitted to engage in the following school activity:  __________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
The undersigned parent or guardian acknowledges the understanding that the above student will receive only general supervision during the activity; and agrees to hold the school district, its employees and agents harmless for any liability arising out of such pupil’s participation except that for which the school district is responsible under the laws of the State of Oklahoma.

EMERGENCY TREATMENT AUTHORIZATION

The purpose of this notice is to enable you to authorize the provision of emergency treatment for your child who may become ill or injured while under school authority, when you cannot be reached.
When a principal or teacher is unable to reach you in the event that your child is injured in an accident or becomes seriously ill, EMSA may be called and the cost directed to you.
EMSA will only be called in medical emergencies and/or if you cannot be contacted. In addition to your home telephone number, you are requested to list telephone numbers where you may be reached during school hours should your child become seriously ill or injured, thus requiring emergency medical treatment.
If both you and your spouse are employed, please list both emergency numbers.
Telephone number(s) where I may be reached in case of an emergency:

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<tr>
<th>Home Telephone</th>
<th>Work Telephone</th>
<th>Cell Telephone</th>
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Name of Person to notify other than Parent: __________________________ Relationship __________
Telephone __________________
Does your child have any health problems? If yes, what? __________________________
Does your child take any medication on a regular basis? If yes, what and when? __________

Is your child allergic to anything? If so, what? __________________________

Signature Guardian or Parents of Student __________________________ Date __________________________