## PARENTS PERMISSION FOR EXCURSION OKLAHOMA CITY PUBLIC SCHOOLS

o <u>Susan Marshall-Armstrong, Principal</u> Schoo <u>l Wilson Elementary, an Arts Integration School</u> of the Board of Educa-
f the City of Oklahoma City, State of Oklahoma.
he undersigned, a parent or the parents of student, request that the said student be permitted
ngage in the following school activity:
The undersigned parent or guardian acknowledges the understanding that the above student will receive only general apervision during the activity; and agrees to hold the school district, its employees and agents harmless for any liability arising out uch 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 nijured 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, EMS may be called and the cost directed to you.  MSA will only be called in medical emergencies and/or if you cannot be contacted. In addition to your home telephone number, your rerequested to list telephone numbers where you may be reached during school hours should your child become seriously ill or nijured, thus requiring emergency medical treatment.  Eboth you and your spouse are employed, please list both emergency numbers.
elephone number(s) where I may be reached in case of an emergency:
Tome Telephone Work Telephone Cell Telephone
ame of Person to notify other than Parent: Relationship
elephone
oes your child have any health problems? If yes, what?
oes your child take any medication on a regular basis? If yes, what and when?
s you child allergic to anything? If so, what?
ignature Guardian or Parents of Student Date