

ASHLAND PUBLIC SCHOOLS
885 SISKIYOU BOULEVARD
ASHLAND, OREGON 97520

PARENT AUTHORIZATION

I hereby authorize my child/children as listed below, attending _____ school, to travel on field trips, sports events, intramural activities and other school related activities, under the control and supervision of the Ashland School District or their designated representatives.

Medical Release

In case of an emergency, when parents cannot be immediately contacted, I hereby authorize the teacher or supervisor of the Ashland School District or designated representative to transport and admit my child to a medical facility and to arrange for my child to be provided with emergency treatment by a licensed physician.

PARENT/GUARDIAN SIGNATURE

DATE

ADDRESS

PHONE

FULL NAMES OF CHILDREN:

AGES:

