

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.

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**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:  
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