



Eugene School District 4J
Student Contract: Field Trips and
Away-From-School Activities

To: Student and Parent(s)

The Eugene Public School District is proud of its students and is confident that in most circumstances student conduct on field trips and away-from-school activities will be reasonable and prudent. However, in the event that a student chooses not to abide by the rules established, both by the adult(s) in charge and contained within the Student Rights and Responsibility Handbook, he/she should be aware of the consequences. The student should fill in the information requested below and sign the contract. If the student is under 18 years of age, his/her parent should also sign.

Student Name _____ School _____

Description of field trip/activity: _____

Location/destination: _____

Date(s) of field trip/activity: _____

Name(s) of person in charge of field trip/activity _____

I understand that the above named trip is an official school activity and that all rules and regulations found in the Eugene Public Schools Student Rights and Responsibilities Handbook are in effect. Among these rules are the following:

1. All directions and guidelines established by the adult(s) in charge will be followed.
2. There will be no use of alcoholic beverages or other drugs at any time.
3. There will be no smoking while on the bus or van.
4. All established time schedules will be followed.
5. Reasonable and proper behavior will be maintained at all times during the trip.

I recognize that in the case of serious violation of the rules outlined in the Student Rights and Responsibilities Handbook, including those listed above, that my parent(s) will be called collect and that I will be sent home at their expense.

Student signature/date _____

Parent signature/date _____

Health History for School Field Trips

Student Name _____

Address _____

Birth Date _____ Home phone _____

Parent/Guardian Name _____

Home phone _____ Work phone _____

Parent/Guardian Name _____

Home phone _____ Work phone _____

Person to be called in case of emergency if parent/guardian cannot be reached:

Name _____ Relationship _____

phone _____

Physician _____ Phone _____

Last Tetanus Shot _____

Please list any allergies (bee sting, medications, etc.) or illness that the school should be aware of:

Medications student is currently taking:

Any special information/instructions concerning medication:

I hereby give my permission for my child _____ to be given non-prescription medication (for example, aspirin) to if deemed advisable by designated school personnel.

IN CASE OF SURGICAL EMERGENCY, I hereby give permission to the physician selected by the school director, or in his absence, his designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above.

Any directions to the contrary should be specified on the reverse side of this form and signed.

Parent/Guardian Signature _____