

**OILTON PUBLIC SCHOOLS
P.O. BOX 130
OILTON, OK 74052**

***Matt Posey
Superintendent/HS Principal***

***Scott Woodson
Elementary Principal***

PERMIT TO ATTEND

_____ has my permission to attend
(Student's Name)

THE EVENT WILL BEGIN AT APPROXIMATELY _____ AND END AT

The undersigned hereby authorizes the **OILTON PUBLIC SCHOOL OR STAFF** TO OBTAIN MEDICAL TREATMENT AS SEEN NEEDED FOR:

_____ (Legal name of Student) _____ (Date of Birth)
in the event of an emergency requiring medical evaluation or treatment.

The undersigned further agrees that Oilton Public School, teacher, staff, civilian, or medical professional or organization **will not** be held liable for any injury, illness, or ailment sustained as a result of medical intervention.

PLEASE NOTE: No student under school jurisdiction will be allowed to ride home from a school event with anyone other than a parent, except in the case of an emergency situation and administrative approval.

Please list any allergies or medical problems of which a physician or medical professional should be informed of:

_____ (Parent or Legal Guardian)

_____ (Date)

Students must have this permission form signed and returned before they are allowed to attend the event.