Corvallis School District

PARENT PERMISSION FORM

Science Fair Activities
Activity

Dave Beran / Ryan Kanter / Adam Kirsch
Bldg. Admin. or Designee (Teacher) Signature

Various
Day/Date of Activity

Various
Time of Activity

_____ (student) has my permission to participate/attend the above said activity by: □ bus; □ van; □ private car; □ foot; □ bicycle; to various locations for the purpose of participating in the said activity. I agree to hold Corvallis School District, its officials, agents and employees harmless against any claim for injury or damage except in those cases where the acts of Corvallis School District, its officials, agents, and employees have been determined to be negligent by a court of competent jurisdiction. I, also, hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while participating in or observing at the activity named above. **The above listed student has the following conditions/allergies/special needs:**_____
_____

_____
Signature of Parent/Signature Date

_____
Phone Number

□ Yes, I can drive on this field trip (Driver must complete "Permission for Use of Private Vehicle" form)

□ Sorry, I cannot drive on this field trip

_____
Emergency Contact Person

_____
Emergency Phone Number

Instructions for School: Make copies of this form (after signed by parents) for teachers and/or drivers to take on trip.

✂ ✂

ACTIVITY REMINDER FOR PARENTS/GUARDIANS

_____
Activity

_____
Student

_____
Teacher

_____
Day/Date

_____
Departure Time

_____
Return Time

Travel Arrangements: □ Bus □ Van □ Private Car □ Foot □ Bicycle

Additional Activity Information: **Activities will include:**