



COMMUNITY BASED LEARNING PROGRAM PARENT / GUARDIAN AUTHORIZATION

This form notifies the parent/guardian of student participation in the Community based Learning Program, releases school liability, and authorizes medical attention in the event of an emergency. This form must be completed before the student visits the work site.

Community Based Learning Program / Site

Student Name: _____ School: _____

Community based Learning Site: _____

Start Date: _____ Start Time: _____

Cadet Teaching Internship Structured Work Experience Service-Learning

Permission to Participate in Community Based Learning Program

I, _____ (parent/guardian), give permission for _____ (son or daughter) to be released from school to visit the site listed above for the purpose of a Community based Learning experience. I, also, agree with the travel arrangements listed. I understand that school personnel may not have visited the site, may not have met the host, will not be present when the student is at the site, and will not supervise the visit. The employees at the site may also have not been screened and criminal history verification may not have been processed. I agree to hold Corvallis School District, its officials, agents and employees harmless against any claims 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.

Medical Release

In the event my child may need medical treatment, I hereby consent and authorize an adult representative of the Community based Learning experience provider to permit such treatment on my behalf. I agree to be responsible for the cost of any medical services and to indemnify the Corvallis School District and the Community based Learning provider for such expense.

My child does not have any physical or mental condition which restricts or prevents him or her from participating in the scheduled activity, or which would increase the risk of harm to my child with the exception of the following:

Travel Information and Release

My student is responsible for his/her transportation arrangements. I have completed the appropriate travel permission forms on the reverse. Explained below are the travel arrangements my student and I have agreed upon.

_____ Parent/Guardian Signature	_____ Date	_____ Phone Number
_____ Emergency Contact Person		_____ Emergency Phone Number

THIS ACTIVITY IS NOT AUTHORIZED BY THE CORVALLIS SCHOOL DISTRICT UNLESS THIS FORM IS SIGNED AND RETURNED PRIOR TO THE COMMUNITY BASED LEARNING EXPERIENCE