



PARENT PERMISSION FORM

Activity	Bldg. Admin. or Designee (Teacher) Signature
Day/Date of Activity	Time of Activity
<p>_____ (student) has my permission to participate/attend the above said activity by: <input type="checkbox"/> bus <input type="checkbox"/> van <input type="checkbox"/> private car <input type="checkbox"/> foot <input type="checkbox"/> 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: _____</p> <p>_____</p>	

Signature of Parent/Signature	Date	Phone Number
<input type="checkbox"/> Yes, I can drive on this field trip (Driver must complete "Permission for Use of Private Vehicle" form) <input type="checkbox"/> Sorry, I cannot drive on this field trip <input type="checkbox"/> Yes, I would like to order a sack lunch from the school for my student. If my student is on the free or reduced meal program, the lunch will be provided at the free or reduced rate. Otherwise, the cost of the lunch will be the cost of a regular lunch. (Only available when a lunch is required for the trip). My child has the following food allergies _____ _____		

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

<u>ACTIVITY REMINDER FOR PARENTS/GUARDIANS</u>		
Activity	Student	Teacher
Day/Date	Departure Time	Return Time
Travel Arrangements: <input type="checkbox"/> Bus <input type="checkbox"/> Van <input type="checkbox"/> Private Car <input type="checkbox"/> Foot <input type="checkbox"/> Bicycle		

Additional Activity Information: _____

