



Corvallis School District
PARENT PERMISSION FORM

Field Biology trips to Noyes Property (2 blocks north of CVHS) for research and data collection

Bldg. Admin. or Designee (Teacher) Signature: Dan Bregar

Various throughout the year

1st, 5th, 7th periods

Day/Date of Activity

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

Emergency Contact Person

Emergency Phone Number