

Corvallis School District

PARENT PERMISSION FORM

F.B. – Trips to Fitton Green and Bald Hill Park for research / data collection	
Bldg. Admin. or Designee (Teacher): <u>Dan Bregar</u>	
Thurs. 1/15/09 – 7:45 – 3:05 Day/Date/Time of Activity	
(please clearly write your student's name here) has my permission to participate/attend the above said activity by bus; 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
Instructions for School: Make copies of this form (after signed by parents) for teachers and/or drivers to take on trip. メメメメメメメメメメメメメメメメメメメメ	
ACTIVITY REMINDER FOR PARENTS/GUARDIANS	
Activity	Student Teacher
Day/Date	Departure Time Return Time
Travel Arrangements: X Bus □ Van □ Private Car □ Foot □ Bicycle	