Corvallis School District

PARENT PERMISSION FORM

F.B. – Trip to Fitton Green for research / data collection (7th period only!)

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

Mon. 11/02/09 – 11:15 – 3:05 (5th and 7th period)
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.

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ACTIVITY REMINDER FOR PARENTS/GUARDIANS

_____ _____
Activity Student Teacher

_____ _____ _____
Day/Date Departure Time Return Time

Travel Arrangements: X Bus ☐ Van ☐ Private Car ☐ Foot ☐ Bicycle