

## Corvallis School District

## PARENT PERMISSION FORM

<u>F.B. – Trip to OSU Greenhouses for planting (7<sup>th</sup> period only!)</u> Bldg. Admin. or Designee (Teacher): <u>Dan Bregar</u>		
Wed. 1/06/10 – 1:30 – 3:05 (7 <sup>th</sup> 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.		
ACTIVITY REMINDER FOR PARENTS/GUARDIANS		
Activity	Student	Teacher
Day/Date	Departure Time	Return Time
Travel Arrangements: X Bus		