



Corvallis School District

PARENT PERMISSION FORM

__Field trip – Bald Hill and Fitton Green__

Activity

__Tuesday, April 21, 2009__

Day/Date of Activity

__Dan Bregar__

Bldg. Admin. or Designee (Teacher) Signature

__7:45 am – 3:05 pm__

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

☐ Yes, I can drive on this field trip (Driver must complete "Permission for Use of Private Vehicle" form)

☐ Sorry, I cannot drive on this field trip

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

__Field trip – Bald Hill and Fitton Green__

Activity

__Tues, Apr 21__

Day/Date

Student

Student

__7:45 am__

Departure Time

Teacher

Teacher

3:05 pm

Return Time

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

Additional Activity Information: _____