



Corvallis SCHOOL DISTRICT

PARENT PERMISSION FORM

Student Name (printed) Theatre Retreat
Activity 10/11 - 10/13
Day/Date of Activity

RC Beck
Pacific City
4pm - 1pm
Time of Activity

My student has permission to participate/attend the above said activity by:

- bus, [redacted], [redacted], [redacted]

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 medical emergency (injury or illness) received by said minor while participating in or observing at the activity named above.

My student has the following conditions/allergies(food/other) /special needs:

The following medications must accompany my student while attending this activity:

- 1. 2. 3.

Printed Name of Parent / Signature Date Phone Number(s)

- Yes, I can volunteer/chaperone for this activity. Printed Name:
(Must complete Volunteer application form online. https://www.csd509j.net/students-parents/volunteer/volunteer-application/
Yes, I can drive for this activity. Printed Name:
(Driver must complete "Permission for Use of Private Vehicle" form, "Driver Eligibility" form, and Volunteer application form as noted above):
Teacher: Please mark this box if students will need to bring a sack lunch for this fieldtrip.
Parent: Mark if you need to order a sack lunch from the school meal program for your student. (Note: the sack lunch entree for a field trip is a Peanut Butter & Jelly sandwich. If a class has peanut-allergic student(s), an exception can be made for the whole class; i.e., meat sandwich or cheese sandwich. Please inform the teacher if this is needed - these requests must be made at least 2 weeks in advance.) If your student is on the Free or Reduced Meal Program, the lunch will be provided at the free or reduced rate as appropriate; otherwise, the cost of the lunch will be the cost of a regular lunch.

Printed Name of Emergency Contact Person Emergency Phone Number(s)

Office Instructions: Make copies of this completed form for teachers and/or drivers to take on trip.