

**North Clackamas School District #12
PARENT/GUARDIAN
INFORMED CONSENT FOR FIELD TRIP**

Student Name _____ School CMC Date _____

| General Information | |
|-----------------------------|--|
| The | <u>Clackamas Middle College</u> |
| is planning a trip to | <u>Oregon State University</u> |
| The purpose of this trip is | <u>to provide students an opportunity to visit the college campus</u> |
| Trip Destination | <u>Oregon State University</u> Phone No. (____) _____ |
| Address | <u>Corvallis, OR</u> Place of Lodging <u>N/A</u> |
| We will leave from | <u>CMC</u> about (time) <u>7:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM |
| on (date) | <u>10/27/2017</u> We will return to the school on (day) <u>Friday</u> (date) <u>Oct. 27th, 2017</u> |
| at about (time) | <u>3:00-4:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input checked="" type="checkbox"/> Itinerary is attached <input checked="" type="checkbox"/> List of items needed is attached |
| Attending: | number of students <u>52 max</u> minimum number of adults/chaperones <u>3</u> |

| Type of Transportation | | |
|--|--|--|
| <input type="checkbox"/> District Vehicle | <input type="checkbox"/> Commercial Transportation | <input checked="" type="checkbox"/> District Bus |
| <input type="checkbox"/> Other (explain) _____ | | |

| Medical Information |
|--|
| The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.) |
| _____ |
| The following medications, prescriptions or special diets are needed: _____ |
| _____ |

| Medical Release |
|--|
| In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed. |
| Does your child have Medical Insurance coverage? <input type="checkbox"/> yes <input type="checkbox"/> no |
| It is recommended that all students have medical or student accident insurance. |
| <input type="checkbox"/> Student accident insurance is available through _____ Contact the school office for details. |
| Name of Preferred Doctor _____ Phone No. (____) _____ |
| Name of Insurance Carrier _____ Policy No. _____ |

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. If you have questions or concerns about this activity, please contact _____.

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the activity.

Parent/Guardian Name _____ Day Phone (____) _____
 Home Address _____ Evening Phone (____) _____
 Emergency Contact _____ Emergency Phone (____) _____
 Signature of Parent/Guardian _____ Date _____

Parent/Guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to school before the student is involved in the activity.

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Program of Study Interest Area: