## Portland State University College Visit Information February 2nd, 2018

On Friday, February 2nd, CMC will take a bus load of students to the Portland State University campus in downtown Portland to participate in a campus visit / tour. Students will need to find a ride to CMC and home from CMC since it is a non-school day for CMC. Here is the schedule:

8:45 am - 9:00 am: Bus arrives at CMC

• 9:00 am: Bus leaves CMC

9:30 am: Bus arrives at PSU

9:30 am - 10:15 am: Campus Tour

• 10:15 am: Check In

• 10:30 am - 11:00 am: Admissions Information Session

• 11:00 am - 11:30 am: Campus Scavenger Hunt

• 11:30 am - 12:30 pm: Lunch on your own

12:30 pm: Bus leaves PSU

1:00 pm: Bus arrives at CMC

Availability is first come, first serve. The first 50 students to return their completed permission form will have a spot on the bus. Permission slips are due no later than Thursday, Feb. 1st and should be turned in to Karyn Renehan.

## What to bring:

- Small backpack or bag
- Raincoat / umbrella
- Water bottle
- Lunch or money to buy lunch
- Snacks

Please let me know if you have any questions at all. Thanks,

## Karyn Renehan

College Transition Coordinator 503.518.5925 ext. 18 renehank@nclack.k12.or.us

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

Student Name School	Date
General In	formation
The CMC counseling department	
is planning a trip to Portland State University	
The purpose of this trip is college VISIT / tous	
Trip Destination 30xtl and State University Phone No.	
Address Portland OR	Place of Lodging
We will leave from CMC	about (time) 9:00 AM DPM
on (date) Feb. 2nd, 2018 We will return to the school on (day) Friday (date) Feb. 2nd, 2018	
	erary is attached List of items needed is attached
	minimum number of adults/chaperones
Type of Transportation	
	ortation District Bus
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.)	
bee stings, other severe anergies, nemophina, diabetes, near 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?  yes	☐ no
It is recommended that all students have medical or student accident	200000000000000000000000000000000000000
Student accident insurance is available through	
Name of Preferred Doctor	
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 Karyn Rene han -renehank @nclack.kl2.or.	
Although I understand that the school district will make reasonable e	
special dangers and risks inherent in participating in the activity, incl risks, I hereby give consent for (student)	
risks, I hereby give consent for (student)	to participate in the activity.
Parent/Guardian Name	Day Phone ()
Home Address	
Emergency Contact	
Signature of Parent/Guardian	
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.	