

**Clackamas Middle College**

12021 SE 82<sup>nd</sup> Avenue  
Happy Valley, Oregon  
Telephone (503) 518-5925

***CMC Activity Field Trip Authorization Form***

(Name of Student)\_\_\_\_\_ has the opportunity to participate in a school activity away from school premises. If you approve the arrangement, please sign at the bottom of this section and return to Crystal Eschweiler.

NAME OF ACTIVITY: **Manufacturing Day / Taste of the Trades Career Fair**

DESTINATION: **Clackamas Community College (Oregon City)**

DATE: **Friday, October 3 2024**

TIME OF DEPARTURE: **9:30am** (bus will pick up students at CMC)

DATE/TIME OF RETURN: **1:30pm** (bus will drop off at CMC)

TRIP SUPERVISOR: **CMC Staff**

MEANS OF TRANSPORTATION: **District-owned school bus**

- I understand the nature of the school activity in which my son/daughter will be participating and that he/she is expected to abide by all school regulations during the course of the activity.
- I hereby give my permission for him/her to participate in the above-described activity.
- I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to the district.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW:

\_\_\_\_\_

PARENT/GUARDIAN TELEPHONE NUMBER: \_\_\_\_\_

STUDENT TELEPHONE NUMBER: \_\_\_\_\_