

Clackamas Middle College
Telephone (503) 518-5925
CMC Activity Field Trip Authorization
Form

DUE: Friday, Sept. 19, 2025 (Must turn in Perm. Slip by this Date)

(PRINT 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 this to Crystal BY FRIDAY,
SEPT. 19**

NAME OF ACTIVITY: **Health & Wellness Day**

DESTINATION: Bella Organic Farm Pumpkin Patch

DATE: **Friday, September 26, 2025**

TIME OF DEPARTURE: **11:00am** (bus will pick up students at CMC)

DATE/TIME OF RETURN: **2:15pm** - Bus will drop off at CMC. Departing the Pumpkin Patch at 1:15
pm

TRIP SUPERVISOR: **CMC Staff**

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

- I understand the nature of the school activity in which my child will be participating and that they are expected to abide by all school regulations during the course of the activity.
- I hereby give my permission for my child 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 child 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: _____

Check a Box Below for Lunch Choice:

- ☐ **Bring your own from home**
- ☐ **Make a Sandwich at School**