

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

DUE: Friday, Oct. 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,
OCT. 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 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: _____

Check a Box Below for Lunch Choice:

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