



# PARENT PERMISSION FORM

**Ultimate Frisbee organized club activities (competitions, practices, fund-raising, travel)**

Activity

Bldg. Admin. or Designee (Teacher) Signature

**Feb 29 - June 5, 2016**

**Varied, including out-of-town travel**

Day/Date of Activity

Time of Activity

\_\_\_\_\_ (student) has my permission to participate/attend the above said activity by:  bus  van  private car  foot  bicycle to various locations for the purpose of participating in the said activity. I agree to hold Corvallis School District, its officials, agents and employees harmless against any claim for injury or damage except in those cases where the acts of Corvallis School District, its officials, agents, and employees have been determined to be negligent by a court of competent jurisdiction. I, also, hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any medical emergency (injury or illness) received by said minor while participating in or observing at the activity named above.

My student has the following conditions/allergies(food/other) /special needs: \_\_\_\_\_

The following medications must accompany my student while attending this field trip:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Signature of Parent / Signature

Date

Phone Number(s)

- Yes, I can drive on this field trip (Driver must complete "Permission for Use of Private Vehicle" form)
- Sorry, I cannot drive on this field trip
- Yes, I would like to order a sack lunch from the school for my student. If my student is on the free or reduced meal program, the lunch will be provided at the free or reduced rate. Otherwise, the cost of the lunch will be the cost of a regular lunch. **(Only available when a lunch is required for the trip.)**

Emergency Contact Person

Emergency Phone Number(s)

**Instructions for School: Make copies of this form (after signed by parents) for teachers and/or drivers to take on trip.**

## ACTIVITY REMINDER FOR PARENTS/GUARDIANS

Activity

Student

Teacher

Day/Date

Departure Time

Return Time

Travel Arrangements:  Bus  Van  Private Car  Foot  Bicycle

Additional Activity Information: \_\_\_\_\_