

Field Trip Permission

Chemeketa Community College
TRIO Upward Bound
(503) 315-4293

School Name: G.H.S.

Field trip to: _____ Departure Date: _____

Pick-up Time: _____ Return Time: _____

Activity: _____

Supervisor: Veronica Leon Telephone number: 503-589-7662

Supervisor: Chris Solario Telephone number: 503-589-7887

PLEASE RETURN THE BOTTOM PORTION TO YOUR SCHOOL. DUE BY  _____

Dear Parent/ Guardian:

Please complete this form to give your permission for your child to participate in a planned field trip and, if necessary, receive emergency medical care.

I give my permission for my son/daughter (name of student) _____ to attend this field trip. I have discussed with my son/daughter that he/she must abide by all rules and regulations of the Chemeketa TRIO Upward Bound Program, Gervais school district # 1, and those of the site you will be visiting. I also authorize the TRIO Upward Bound Program staff and School District No. 24J and its employees to secure any necessary medical treatment in the event of an accident, illness or any other emergency situation that may occur. I further understand that I, the parent/ guardian, will be responsible for the complete payment of any necessary emergency treatment.

Parent/Guardian Signature _____ Date ____/____/____

Telephone Number: (____) _____ Work Number: (____) _____

If not returning during school hours, my son/daughter will be picked up at the school by:

(Name) _____ (Time) _____

Emergency contact person, in case you are not available: _____

Relationship: _____ Telephone Number: _____

Please list any special health or medical information such as allergies, medical conditions, or medications: