University of Oregon College Visit Information

On Friday, November 4th, CMC will take a bus load of students down to the University of Oregon campus in Eugene, Oregon to participate in a Duck Preview Day. There is no school at CMC this day so students will need to find a ride to CMC to catch the bus as well as have someone pick them up when the bus returns. Here is the schedule:

- 7:00 am: Bus leaves CMC
- 9:00 am: Bus arrives at UO
- 9:00 am 10:00 am: Program Check-In Erb Memorial Union lobby, 1395 University Street
- 10:00 am: Welcome!
- 10:45 am: Academic Exploration Session Meet faculty and staff from the various schools and colleges. Learn about what current Ducks study in these academic programs.
- 11:30 am: Student Activities and Information Fair Discover academic support services and student groups.
- Lunch on your own Choose from a number of on-campus dining locations.
- 1:00 pm 1:30 pm and 1:45 pm 2:15 pm: Catalytic Learning Sessions At the UO, students learn to create change. These faculty-led sessions spotlight outstanding lectures and exciting undergraduate research. Choose 2 sessions from a myriad of subjects. Sessions vary by date.
- 2:30 pm 4:00 pm: Concurrent Sessions Take a general campus tour, tour a few residence halls and/or tour various departments.
- 3:30 pm 4:00 pm: Bus leaves UO
- 5:30 pm 6:00 pm: Bus arrives at CMC

The first 52 students to return their completed permission form will have a spot on the bus. If we get more than 52 students turning in forms, we will look into reserving a second bus. Permission slips are due no later than Friday, October 28th. Make sure to also document your "academic interest area" on the back side of the permission form. The UO staff will be putting packets together for each student based on their academic interest area.

What to bring:

- Small backpack or bag
- Water bottle
- Lunch or money to buy lunch
- Snacks

Please let me know if you have any questions at all. Thanks,

Kami Aguilar, CMC Counselor 503.518.5925 ext. 21 aguilark@nclack.k12.or.us



Parent/Guardian Informed Consent for Field Trip

| Student Name | DOB |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| School Clackamas Middle College | Date |
| Trip Information | |
| Class(es) | |
| Deather the Library than 10 or and | |
| Address 1585 E. 13th Ave, Eugene, OR 97403 | Phone541.346.1000 |
| Purpose/Activity College visit, campus tour, program in | nformation |
| Trip Leader Kami Aguilar | Phone 503.518.5925 ext. 21 |
| Date of Departure Friday, November 4th, 2016 | Time <u>7:00</u> |
| Date of Return Friday, November 4th, 2016 | Time <u>5:30 / 6:00</u> ☐ AM ☒ PM |
| ☒ Itinerary is attached | |
| Number of students attending <u>52</u> | Number of adults/chaperones attending4 |
| Type of Transportation | |
| ☑ District vehicle/bus ☐ Comm | nercial transportation/charter |
| Medical Information | |
| The following special health problems should be noted a | nd adequate precautions taken: |
| | Specify |
| Yes ☐ No ☐ Insect/bee stings allergies | |
| Yes ☐ No ☐ Drug allergies | |
| Yes ☐ No ☐ Other severe allergies | |
| Yes □ No □ Hemophilia | |
| Yes □ No □ Diabetes | |
| Yes □ No □ Heart disease | |
| If yes to any of the above, the following medication are needed: | ns, prescriptions, special diets, and medical protocols |
| Is the student taking any medication (including nonpresc If yes, specify | |
| Date of last Tetanus shot | _ |
| | |
| Does your child have medical insurance coverage? Ye | es 🗆 No 🗀 |
| Name of preferred doctor/hospital | Phone |
| Name of insurance carrier | Policy # |
| | |

It is recommended that all students have medical or student accident insurance. Please contact your school office for more information.

Please read carefully before signing

It is the priority of the North Clackamas School District to provide educational experiences in which the District can assure the student and parent/guardian a reasonably safe environment. In traveling off District property, parents must first acknowledge potential risks that might be encountered, and approve their student's participation.

- 1. The District's representation and that of its representative(s) is that a quality educational experience will be pursued.
- 2. The same rules that are in effect during school hours are in effect for the trip. The student is to abide by the instructions of the authorized trip leader.
- 3. Parent/guardian must inform themselves of the level of supervision that will be on the trip, the details of the trip, and then judge for themselves, considering the behavior patterns of their student and their student's maturity, whether their student has the maturity and ability to accept direction and function responsibly and safely as a trip member in the unfamiliar situation.
- 4. Participants must exercise the appropriate level of maturity and self-discipline for their age and extend the effort necessary to protect their individual safety and benefit from the experience. Each participant is urged to be continually on guard for the safety of others in the group and circumstances that impair that safety.
- 5. The dangers that are present in this trip are those commonly experienced by and known to all persons traveling with young people within the United States. The District cannot and does not claim to control such dangers. Parents wishing more information regarding the trip and its leadership should contact the trip leader.
- 6. The District and trip leadership will not make any judgments regarding the safety of non-District public transportation (common carriers) used, traffic hazard situations, unlawful behavior of strangers and other dangers to be found in the surroundings and cannot be expected to control student behavior that is contrary to the directions given to the party or individuals in the party.

As a parent(s) or legal guardian(s) of ______, or as an emancipated

| student traveling with the group, I/we, the undersigned, hereby release and North Clackamas School District #12, its officers, agents, employees, inclifrom any claims from any person, entity or estate, in any forum that may alloss or injury and/or death resulting from any cause including, but not lir having failed to properly carry out instructions from the trip leadership, but the trip leadership negligently failed to take reasonable steps available immediate substantial hazard actually known to the trip leadership. M complete and accurate on the front of this form, and I hereby give the N representative designee) authority to seek emergency medical treatment/guardian will be responsible for any expenses incurred. | uding trip leadership, and their assigns rise against them by reason of property mited to, the student or other students excepting those which occur because to it to protect the student from an y student's medication information is Jorth Clackamas School District (or its |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| Parent/Guardian Name | Day Phone |
| Home Address | Evening Phone |
| Other Emergency Contact | Phone |
| Home Address | |
| Signature of Parent or Guardian | Date |
| | |

Parent/Guardian signature reflects their knowledge and approval of the activity.

This form must be returned to school before the student is involved in the activity; phone permission is not acceptable.

Academic trea of Interest: