

Clackamas Middle College

12021 SE 82nd Avenue
Happy Valley, Oregon
Telephone (503) 518-5925

CMC Activity Field Trip Authorization Form

(Name of Student) _____ has the opportunity to participate in a school activity away from school premises. If you approve the following arrangement, please sign at the bottom of this section and return to Crystal Eschweiler. .

NAME OF ACTIVITY: Manufacturing Day / Taste of the Trades

DESTINATION: Clackamas Community College (Oregon City), Warn Industries/Bob’s Red Mill

DATE: Friday, October 4, 2024

TIME OF DEPARTURE: 9:30am (bus will pick up students at CMC)

DATE/TIME OF RETURN: 1:30pm (bus will drop off at CMC)

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: _____