

**Clackamas Middle College**

12021 SE 82<sup>nd</sup> 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: ABC PNW Craftsman Show**

**DESTINATION: Camp Withycombe**

**DATE: Thursday, October 10th, 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: \_\_\_\_\_