

**CENTRAL LINN SCHOOL DISTRICT  
BLANKET FIELD TRIP PERMISSION FORM**

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of School

Instructional activities may, from time to time, take place outside of the regular classroom, school campus or adjacent district property. This blanket field trip permission form must be signed annually by the parent or guardian authorizing his/her child to participate in these activities throughout the school year.

As parent/guardian I acknowledge:

- a. Students may walk, be bused or be transported by volunteers who have been approved by the school;
- b. Prior notice of such events will be provided, but individual permission forms will not be requested;
- c. Parents may request that their students not participate.

*For purpose of clarity, the term "parent" includes legal guardian or person in a parental relationship. The status and duties of a legal guardian are defined in ORS 126.003-126.095.*

As parent or legal guardian of the child named above, I hereby give consent and permission for my child to participate in activities described above. I understand and I am fully aware of the risks and dangers normally involved in these types of activities or field trips. I have fully advised my child with regard to these matters. I have instructed my child to cooperate with all supervisors. I understand that my child must participate in the entire field trip including school-sponsored transportation and may not drive him /herself or other students to the activity. If my son/daughter disregards this rule and attempts to provide his/her own transportation, (s)he will not be allowed to participate in the activities.

I hereby release the Central Linn School District and its employees from any claims which I or my child might have for injuries or damage suffered by my child resulting from the child's failure to obey and cooperate as instructed or as a result of the risks and dangers involved in this type of activity or field trip.

In the event my child may need medical treatment, I hereby consent and authorize the accompanying representatives of the Central Linn School District to permit such treatment on my behalf. I agree to be responsible for the cost of any medical services and to indemnify the school district for such expenses.

Yes  No My child will require medication to be administered by school staff during this field trip.

Parent Initials \_\_\_\_\_ If applicable, my child has permission to be transported in a private vehicle during this field trip.

\_\_\_\_\_  
Emergency Contact Person Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature (Parent/Legal Guardian)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Signature (Student)

\_\_\_\_\_  
Date