



PARENT PERMISSION FORM

Activity: G2 FunZone Albany, OR

Day/Date of Activity: Saturday November 12 Time of Activity: **Leave from City Hall @ 5:30 PM**

Return to City Hall @ 8:30 PM

_____ (student) has my permission to participate/attend the above said activity by:
 bus van private car foot bicycle to various locations for the purpose of participating in the said activity. I agree to hold City of Adair Village, its officials, agents and employees harmless against any claim for injury or damage except in those cases where the acts of City of Adair Village, its officials, agents, and employees have been determined to be negligent by a court of competent jurisdiction. I, also, hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while participating in or observing at the activity named above. The above listed student has the following conditions/allergies/special needs:

Yes I can Drive on this Field Trip

I can take my kids plus _____ additional kids

Signature of Parent _____ Date _____ Phone Number _____

Emergency Contact Person

Emergency Phone Number