

**Upward Bound (UB)**  
Clatsop Community College  
503-338-2370  
**Parent Permission Form**

Late forms will NOT be accepted.

I give permission for **(Student's name)** \_\_\_\_\_ **(School)** \_\_\_\_\_ **(Grade)** \_\_\_\_\_  
to attend a field trip to \_\_\_\_\_ on \_\_\_\_\_.

**Depart from:** \_\_\_\_\_

**Pick up at:** \_\_\_\_\_

Note: Students must get on and off the bus/van at the school they attend unless parents make other arrangements with UB in advance. Students will not be allowed to leave the pick-up point with other students unless parents make arrangements with UB in advance. We will update you on our return time, and we expect parents to be on time to pick up their students. Students will be traveling in: School bus CCC van

Dear Parent:

We hope that your student will be able to participate in an upcoming field trip with Upward Bound. If your student can attend, please complete this form giving your permission and authorizing emergency medical care if needed. **Health Considerations:** Please list any health issues or special conditions that may limit your student's participation in this event.

Does your student have any condition for which special medical items may be needed?

\_\_\_ Inhaler \_\_\_ EpiPen \_\_\_ Other: \_\_\_\_\_

**Students who have inhalers, EpiPens, or other special medical items MUST have these items with them on this trip. They will not be allowed to attend the trip if they do not bring their needed medical items with them.**

**Parent agreement:**

I will be responsible for transportation of my student to and from the departure point(s) for this trip. I give permission for my student to be treated by a licensed physician or dentist if the coordinator or administrator in charge of the trip cannot make contact with the parent or guardian and only if the treatment is needed for the welfare of my child. I agree to hold the Upward Bound, Clatsop Community College, their agents or representatives, and the student's school harmless from any and all claims, dues, or demands arising from participation in this activity. All regulations regarding riding school buses will be enforced. It is understood that any serious violation of regulations will cause immediate return home of the bus.

There may be some inherent risks involved in a trip of this nature. If you have concerns or questions before signing this form, please contact the UB Director, at 503-338-2370.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Emergency phone number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Health Ins. company:** \_\_\_\_\_ **Policy No:** \_\_\_\_\_

In case of emergency, are there any special health problems that should be reported to the attending physician?

\_\_\_\_\_

(Please see student guidelines on the other side.)

## Upward Bound Student Guidelines

By going on this trip, Upward Bound students agree to follow the Respect & Responsibility Guidelines listed below and understand that their conduct on this field trip will have consequences, which may affect their ability to participate in future trips sponsored by Upward Bound.

### I agree to follow these **Respect & Responsibility Guidelines**:

- ☞ Be on time to the bus and all events.
- ☞ Wear appropriate clothing for the event.
- ☞ Use appropriate language and sound level at all times.
- ☞ Behave responsibly and communicate respectfully with all people at all times.
- ☞ Show sensitivity and respect for diversity.
- ☞ Bring my own music, if desired, using small player and headphones.
- ☞ If I carry a cell phone, I will keep it turned off during event activities.
- ☞ Sit appropriately in my seat while the bus is moving.
- ☞ Participate fully in all event activities.
- ☞ Attend field trips only when I am in good health and able to participate.
- ☞ Follow school rules on alcohol, tobacco, and drugs.
- ☞ Follow other guidelines as instructed by chaperones and bus driver.
- ☞ I confirm that I am in good academic standing with no current D's or F's in any class