

**CLACKAMAS ACADEMY OF INDUSTRIAL SCIENCES
BLANKET PERMISSION SLIP
2024-2025 School Year**

Student Name	Grade	Date of Birth
Address	City, State, Zip	Phone
Insurance Provider	Medical ID Number	Preferred Hospital

Permission for Trips
 YES
 NO
 Initialed _____

My student has permission to travel, attend and participate in all school sponsored activities either by foot or by school transportation that are less than four hour's drive from school. I can revoke permission from a specific event in writing.

Permission for Images
 YES
 NO
 Initialed _____

I hereby consent that the videotapes, photographs, electronic images and audio recordings of my student may be used for publicity and/or public relations including but not limited to printed materials, websites, newspapers and social media.

**Permission for
Emergency Medical
Treatment**
 YES
 Initialed ____AM____

In the event of an emergency, every effort will be made to contact a parent or guardian or emergency contact. If no contact can be made, I hereby give authorization to CAIS staff to seek treatment for my student by a licensed physician. I know of no reason(s) why my student may not participate in prescribed activities except as noted on a current Health History Form on file in the office. If permission for emergency treatment is not given, please sign providing a release of liability to CAIS and Oregon City School District and alternate emergency care instructions.

NO
**Release of Liability
Signature**

Alternate Instructions

EMERGENCY CONTACT INFORMATION

Parent #1 Name Cell Phone	Work Phone	Home Phone
Parent #2 Name Cell Phone	Work Phone	Home Phone
Alternate #1	Telephone	Relationship
Alternate #2	Telephone	Relationship

I have read and understand this annual blanket permission slip. I may change or revoke any aspect of this agreement at any time by submitting my changes in writing to the main office.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date