



## STARBASE Camp Rilea

### Parent/Guardian Permission for Student to Attend STARBASE

#### Standard Day Field Trips

School \_\_\_\_\_

Student \_\_\_\_\_ Teacher \_\_\_\_\_

Trip Dates \_\_\_\_\_

Destination: STARBASE Camp Rilea – 33168 Patriot Way, Building #7316, Warrenton, Oregon 97146

Activity: Science, Technology, Engineering and Math

Mode of Travel: School District Vehicle

Permission is granted for my child to participate in the above trip activities, knowing that for each trip, my child will be leaving and returning to school on the same day.

I will take full responsibility for any damage that might occur to government/STARBASE property caused by my child. Should such participation result in injury, I agree not to hold the US Government, Camp Rilea Armed Forces Training Center, the National Guard and State of Oregon, its employees, STARBASE personnel or agents, liable in any way. I also understand that STARBASE reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either the child, or academy, as determined by the STARBASE staff.

#### Medical Information:

Please note any medical issues (prescription drugs, illnesses, allergies, etc.) or other special issues, which a chaperone should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Emergency Telephone: (\_\_\_\_) \_\_\_\_\_

In case of emergency, I *authorize* STARBASE and/or accompanying chaperone to obtain emergency medical care for my child or ward if they deem necessary. I agree the cost of such medical care is my responsibility

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

# STARBASE Camp Rilea

## Photo Release Permission Form

STARBASE Camp Rilea would like to include your child's picture and/or schoolwork in future media publications on our website. Students will NOT be referred by name, just by teacher or school. (Example – Mr. Smith's 5<sup>th</sup> grade class for Elm Elementary.)

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

- |                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> I GIVE permission for my child to have their picture and/or schoolwork published in the media/website.</p> <p><input type="checkbox"/> I DO NOT GIVE permission for my child to have their picture and/or schoolwork published in the media/website.</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Parent/Guardian Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sincerely,

Denise Kortez  
State Director  
STARBASE Oregon

*"Preparing Today's Children For  
Tomorrow's Opportunities"*

