

Your child is invited to attend: Weekend Intensive Contact: Pot Roast at 503.937.3062 or Alisha.Orefice@CalderaArts.org

Date March 15 and 16, 2014 *Time* Saturday and Sunday from 9:30 A.M.–4 P.M.

Location Portland Art Museum, 1219 SW Park Ave., Portland, OR 97205

*Transportation
Each Day*

Pickup (Both days)

Drop-off (Both days)

HB Lee Middle School	8:10 A.M.	4:50 P.M.
Jason Lee K–8	8:30 A.M.	4:40 P.M.
SEI Academy	9:05 A.M.	4:25 P.M.

Address information:

HB Lee Middle School	1121 NE 172nd Ave., Portland, OR 97230
Jason Lee K–8	2222 NE 92nd Ave., Portland, OR 97220
SEI Academy	3920 N Kerby Ave., Portland, OR 97227

Notes Please note that space is limited. Acceptance will be on a first-come, first-served basis.
Call Alisha (Pot Roast) to RSVP: 503.937.3062.
On the day of the event, contact Randall (RAM) at 503.360.7885.

Students must bring this permission slip to the Intensive.

I give permission for my child (please print carefully)

to attend the field trip to Caldera's Weekend Intensive on March 15 and 16, 2014

**MEDIA
RELEASE**

I give Caldera permission to include my child and his/her artwork (visual and written) for unlimited promotional and advertising purposes in perpetuity (i.e., brochures, newsletters, consumer print, broadcast, books, Internet, retail, events, etc.). Caldera is a nonprofit organization whose mission is to provide young people with opportunities in the creative arts and outdoors. We promote our programs in order to continue to serve young people. The materials will in no way exploit children or our programs.

By executing this release agreement, I agree to allow my child to be photographed or interviewed by the media and permit Caldera to use my child's artwork in promotional materials.

Please check boxes if they apply:

- My child is in foster care
- I do not give permission for my child to be filmed or photographed

**MEDICAL
INFORMATION**

Please list any allergies. Include medicine, food and insects:

Please list any medications your child will be taking during the Intensive:

Other health concerns:

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Parent/Guardian Name _____

Parent/Guardian Phone _____

Parent/Guardian Signature _____

Date _____