



Laurel Tree Charter School

Creating the Education We Want For Our Children

Rigor*Relevance*Relationships*Responsibility*Regeneration

2730 Foster Ave, Arcata, California 95521

(707) 822-5626 www.laureltreecs.org

ANNUAL PARENT'S OR GUARDIAN'S PERMISSION FOR SCHOOL-TIME FIELD TRIPS AND AUTHORIZATION FOR MEDICAL CARE

_____ has my permission to participate in
(Student Name: please print)

Laurel Tree Charter School is a Forest School model. We meet at our sites at 889 Murray Road, McKinleyville and 2730 Foster Ave, Arcata but we will regularly walk to the forest, river, or ocean, all of which are within walking distance of our properties. We also drive to outdoor locations on Forest School Fridays, and to our swimming lessons. Students should come prepared to be outside in all kinds of weather. If we are traveling farther than walking distance from our property, doing something outside of our regular weekly schedule of outings, or will be gone longer than our regular session, then there will be an additional permission slip. Otherwise, this form gives permission for your student to take part in our daily outings to locations within walking distance or as part of their regularly scheduled off-site classes. If you need to pick up your student mid-session, make sure you've contacted the office and know where they will be when you need to connect with them.

PARENTS, PLEASE NOTE: Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have waived all claims against the district, charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." Failure of students to comply with rules may result in students being sent home at parent/guardian's expense. Field trips are voluntary and a privilege; students may remain in school at parent/ guardian's request.

ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against the school and acknowledges that the trip and its activity(s) may expose the student to potential harm including injury or death.

AUTHORIZATION FOR MEDICAL CARE

If it becomes necessary for my child to have medical care while participating in this trip, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$25,000 (applies excess of family health insurance if applicable.)

My child may not participate in the following activities:

X _____
Authorized Signature of Parent or Guardian Printed Parent or Guardian's Name

Date _____

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.