



# Laurel Tree Charter School

Creating the Education We Want For Our Children  
Rigor\*Relevance\*Relationships\*Responsibility\* Regeneration  
4555 Valley West Blvd, Arcata, California 95521  
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## ANNUAL PERMISSION FOR FOREST SCHOOL 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 4555 Valley West in Arcata, but we will regularly walk to the forest, river, or ocean, all of which are within walking distance of our property. Students should come prepared to be outside in all kinds of weather. If we are traveling farther than walking distance from our property and 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. If you need to pick up your student mid-session, make sure you've contacted your child's teacher 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 student to comply with rules may result in student being sent home at parent/guardian's expense. Field trips are voluntary and a privilege; student 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.