LEARN4LIFE
CONCEPT CHARTER SCHOOLS

Field Trip Permission Slip (Parent Transportation)

This form should remain with the teacher sponsoring the field trip throughout the event.

Your student(s) has (have) the opportunity to participate in a school sponsored field trip. If you approve the following arrangement, please complete, sign and return to the field trip sponsor.

NATURE OF ACTIVITY: Field Trip	
DESTINATION: Quail Run Ostrich Ranch 44420 N. Shaffer Rd in Lake Hughes, CA	
DATE: Friday, May 20th	TIME/DURATION: 10:00 AM - 12:00 PM
TRIP SUPERVISOR: Katie Mercado	COST: $5 for anyone over the age of 5
CHARTER NAME: Antelope Valley Learning Academy	

- I understand the nature of the school activity in which my son/daughter will be participating and that he/she is expected to abide by all school regulations during the course of the activity. I also acknowledge responsibility for monitoring the proper behavior of my student at all times.
- I understand that I have agreed to provide transportation for my student to and from this activity. If I am personally unable to provide transportation, I will coordinate with the teacher/principal to make other transportation arrangements.
- I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, where I am unable to authorize treatment, such treatment may be procured for my son/daughter without financial obligation to the district.
- I release Learn4Life from and the above named charter school from any liability arising out of this field trip.

I hereby give my permission for him/her to participate in the above-described activity.

Student(s) Name(s)_____

Signature of Parent/Guardian _____ Date_____

Insurance Carrier:_____ Policy # _____

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW

Emergency Contact Name	Relation	Home Phone	Cell Phone

AUTHORIZATION TO TREAT A MINOR

I (We), the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. This authorization is given pursuant to the provisions of Section 25.8 of Civil Code of California.

Date:_____ Signature of Parent/Guardian:_____

Allergies to Drugs or Foods _____

Date of last Tetanus Toxoid Booster _____