



**NEW LOS ANGELES
CHARTER SCHOOL**

OUTDOOR EDUCATION: OVERNIGHT FIELD TRIP PERMISSION FORM

Please read this document carefully before signing. It contains important information and advises of certain risks. Participant and family are asked to acknowledge and assume risks and waive claims they might have in the event of injury or other loss. This document must be signed by at least one parent or legally appointed Guardian.

General Information

Student Name (Last, First) _____

Parent 1: Name _____ Home/Cell Phone _____ Work Phone _____

Parent 2: Name _____ Home/Cell Phone _____ Work Phone _____

Emergency Contact if Parent/Guardian cannot be reached: Name _____

Relationship _____ Home/Cell Phone _____ Work Phone _____

Field Trip Information

Name of Field Trip: Outdoor Education

Location(s) of Field Trip: Indian Cove Campground, Joshua Tree National Park, 29 Palms CA

Departure Date, Time and Location: April 19, 2016 6:30am Return Date, Time and Location: April 21, 2016 3:20pm

List Trip Activities: Outdoor activities, camping, hiking, rock climbing

No. of students expected to participate: 95- 8TH GRADE CLASS

Mode(s) of Transportation (List in detail transportation mode and description for each segment of the educational trip): Bus

Acknowledgements and Agreements of Parent/Guardian

I acknowledge that I have carefully read this document (front and back) and understand the information therein. I agree to each of the terms and acknowledgments below, and agree to permit my child to participate in the trip described above.

_____ Date: _____

Signature of Parent/Legal Guardian (in individual capacity and on behalf of Participant)

Parent/Legal Guardian Name (Please Print)

My child will not be participating in the Outdoor Education trip.

Parent Name _____

Parent Signature _____

OVER



NEW LOS ANGELES CHARTER SCHOOL

I, Participant and Parent/Legal Guardian (hereinafter "parent") of minor Participant, for myself and on behalf of a minor Participant for whom I sign acknowledge and agree as follows:

Participation is Voluntary. I acknowledge that this field trip is voluntary and attendance by the Participant is not required and that an alternative educational activity will be provided if the parent/Legal Guardian does not give permission for him/her to participate.

Waiver of Claims Against NEW LA CHARTER SCHOOL. I understand that California Education Code Section 35330 (d) provides that all persons participating in a field trip or excursion shall be deemed to have waived all claims against the NEW LA CHARTER SCHOOL, California New LA Charter School Association JPA, or the State of California for injury, illness or death occurring during or by reason of a field trip or excursion

Release and Discharge. I RELEASE AND DISCHARGE (agreeing to make no claim, and not to sue) the State of California, California New LA Charter School Association JPA, or NEW LA CHARTER SCHOOL (its Board of Education, officials, employees, agents) ("Released Parties) from all claims of injury or loss which I, or the minor Participant for whom I sign, may suffer, arising in whole or in part from the Participant's enrollment or participation in the activity, including but not limited to any injury, accident, illness, or death, or any loss or damage to personal property occurring during or by reason of the participation in said activity.

Acknowledgment of Risks. I acknowledge and understand that the activities involved in this trip (as detailed in list of trip activities on page 1) may be dangerous and include risks, which are inherent and cannot be reasonably avoided without changing the nature of the activity. I acknowledge that participation in the activities can cause personal injury, including emotional trauma and even death.

Assumption of Risks. I acknowledge and expressly assume all risks and dangers associated with all field trip activities, whether described above, known or unknown, and inherent or otherwise. I take full responsibility for any injury or loss, including death, which Participant may suffer, arising in whole or in part from the enrollment and participation of the minor Participant for whom I sign, in the activities of the trip.

For Wilderness Trips: Trips in the wilderness will be without ready access to emergency rescue or medical aid. As on all wilderness trips, the terrain, the weather (including the possibility of unexpected storms), potential encounters with wildlife, and travel to and from the trailheads in motor vehicles all subject the participants to risk of accident, injury, and even death. While all trip activities will be supervised by qualified and experienced personnel, and while safety will be our primary concern, it is impossible to guarantee that accidents will not happen.

Participant Conduct and Capability to Participate: It is understood that the Participant will follow direction from the bus driver(s), teacher(s), chaperone(s) and, if applicable, adult sponsors, at all times. I acknowledge that the Participant is to abide by all rules and regulations governing conduct during the trip. I certify that the Participant is fully capable of participating in these activities, without causing harm to him/herself or others.

Dismissal of Participant. I acknowledge that the NEW LA CHARTER SCHOOL reserves the right to dismiss any participant from a trip or program that staff believes, in their discretion, presents a safety concern or medical risk, is disruptive, and/or otherwise conducts him/herself in a manner detrimental to the NEW LA CHARTER SCHOOL. Use of illegal drugs, tobacco products or alcohol, or disregarding instructions, rules or regulations are examples of conduct that the NEW LA CHARTER SCHOOL considers detrimental to its program, and that can lead to early dismissal. If Participant is dismissed or departs for any reason, Participant (and his/her parent/Legal Guardian) are responsible for all costs of early departure, whether for medical reasons, dismissal, personal emergencies or otherwise. These costs include, but are not limited to, medical evacuation and costs, travel, and compensation and expenses for staff accompanying Participant.

Indemnification for Injury Caused by Participant. Parent of minor Participant may be held liable and responsible for any injury or death to another person or injury to property of another caused by the minor Participant, as required by law. I hereby AGREE TO INDEMNIFY (meaning to defend, and to satisfy by payment or reimbursement, including costs and attorneys fees) AND HOLD HARMLESS the NEW LA CHARTER SCHOOL (its officers, employees, agents), with respect to any claims of injury, death or other loss or damage to person or property suffered by any person arising in whole or in part from the conduct of the minor Participant while enrolled or participating in the trip activity.

Transportation. I acknowledge that each participant is required to go and return from an excursion/field trip by means of the transportation provided, arranged or agreed to by the NEW LA CHARTER SCHOOL.

Medical Treatment/Emergencies. In the event that I, or other parent/Legal Guardian, cannot be reached in an emergency, I give school staff the authority to obtain immediate medical attention for Participant. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.



**NEW LOS ANGELES
CHARTER SCHOOL**

**Medical/Health Information
(MUST BE COMPLETED)**

1. General Information

Student Name (Last, First) _____

Parent 1: Name _____ Home/Cell Phone _____ Work Phone _____

Parent 2: Name _____ Home/Cell Phone _____ Work Phone _____

Emergency Contact if Parent/Guardian cannot be reached: Name _____

Relationship _____ Home/Cell Phone _____ Work Phone _____

2. Insurance Information

Physician's Name: _____ Phone: _____

Medical Insurance: _____

Policy # _____

Does your insurance require pre-authorization? Yes No Phone No.: _____

Please note: Each participant is responsible for any and all medical expenses incurred.

3. Medications (List any medication your child is using, including psychiatric and over the counter medication below)

If the participant does not take any medication please check this box

Medication	Condition	Dosage (size & freq.)	Current Side effects

***All drugs, excepting those which must be kept on the student's person for emergency use (i.e. epipen), must be kept and distributed by staff.**

OVER



**NEW LOS ANGELES
CHARTER SCHOOL**

4. Allergies (Including Medicines, Foods, Bites and Stings)

If the participant does not have any allergies please check this box

Allergy	Reaction	Medication Required (should be listed in the medication chart)

5. Conditions and Symptoms: Does the Participant have, or has the Participant had in the past, any of the following conditions or symptoms?

- | | | | | | |
|--|--|------------------------------|--|-------------------------------|--|
| 1. Tuberculosis/Recent - Exposure to Active TB | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Hearing Impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Stomach/Intestinal Problem | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Vision Impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Special Diet | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Seizure disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Cardio/Vascular Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Bleeding Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Psychological Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Sprains or Strains | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you have answered "yes" to any of the above items, please, on a separate sheet of paper, provide the following information for each item:

- What is the nature of the condition and specific symptoms
- How long symptom/condition lasts
- Date of last occurrence
- How often the symptom/condition occurs
- How the symptom/condition is cared for
- How symptom/condition will restrict the Participant's activity in any way

AUTHORIZATION TO TREAT MINOR: Signature Required

I, the Parent/Legal Guardian of the Participant for whom I sign, agree that I hereby give permission to the representative of the Charter School to make such arrangements as he/she considers necessary (including, but not limited to, x-ray, examination, anesthetic, medical, surgical, dental diagnosis or treatment and hospital care) for the Participant to receive medical care to be rendered to said Participant under the general or special supervision and on advice of a physician, dentist or surgeon, including necessary transportation. I, Parent/ Legal Guardian of the minor Participant, agree to assume all financial responsibility for the Participant's care.

Parent/ Legal Guardian Signature: _____ Date _____

Parent/Legal Guardian Name (Please Print): _____

New LA Outdoor Ed Chaperone Interest Form

Parent chaperones are an important part of the New LA outdoor education experience. They help maintain a safe and comfortable environment for the students while they are away and it is an enriching experience for the chaperone as well.

RESPONSIBILITIES/REQUIREMENTS

Being a chaperone is an important responsibility, this opportunity is open to all New LA parents who are willing to make the following commitments:

- Chaperones must be present and engaged throughout the entire trip.
- Chaperones will travel on the bus/boat with students and staff.
- Chaperones will sleep in cabins with students.
- Chaperones will participate in all outdoor education activities with students (this may include physically rigorous activities such as hiking, kayaking and swimming).
- Chaperones will be models for behavior by following all camp and school expectations on the trip.
- Chaperones must have a TB Test on file with the school.
- Chaperones must be at least 18 years of age.

SELECTION PROCESS

While we wish we could take all willing volunteers we do have some limitations on chaperones. The camp programs only allow for a certain ratio of adults to students before incurring additional costs to the school. We also need to be sure to have the correct ratios for male and female chaperones depending on the students who are attending and the teachers in that grade level. For that reason chaperones will be selected based on a modified first-come, first-served basis.

1. Return this form to Ms. Goldberg - the sooner the better (phone calls, emails and conversations with teachers will not reserve your spot). Chaperones will be placed on the list in the order that forms are received.
2. Attend the Outdoor Ed. Chaperone info night on **March 15 at 6:00PM** - you will not be selected as a chaperone if you do not attend this meeting.
3. Based on the number of students attending and the male to female ratio, eligible chaperones will be chosen and informed no later than **March 24 for Joshua Tree and April 24 for Temescal and Catalina.**

Chaperone Name _____

Student Name _____ Relationship to Student _____

Email _____ Phone # _____

Circle the trip you would like to chaperone:

6th Grade: Temescal
May 17-19, 2017

7th Grade: Catalina
May 17-19, 2017

8th Grade: Joshua Tree
April 19-21, 2017

Office Use Only: Date received _____ # _____ Initial _____

THE UNIVERSITY OF CHICAGO

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50 EAST LEXINGTON AVENUE
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CHICAGO, ILL. 60601

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**ACKNOWLEDGMENT AND ASSUMPTION OF RISKS AND RESPONSIBILITY, AND RELEASE FROM LIABILITY
("RELEASE")**

I, _____, on behalf of myself [and my minor child, _____](referred to individually and /or collectively as "Participant") hereby agree as follows:

NATURALISTS AT LARGE and its authorized agents, employees, and representatives (referred to herein, collectively, as "NAL") provide organization, supervision, instruction, equipment and supplies for participation in its programs. However, there are significant elements of risk in any adventure, sport or activity associated with the outdoors, including environmental education, hiking, backpacking, ropes courses, rock climbing, boating or swimming, that may be carried out in the course of participating in this or other NAL programs (referred to herein as "Activity" or "Activities") and the use of any related equipment. Any or all of these or other activities may involve physical contact with employees and/or other participants. NAL uses independent contractors and leases independent lodging facilities for some services and accommodations. NAL does not assume any responsibility for any losses or injuries caused by acts or omissions of such persons or entities.

BASIC DESCRIPTION OF PROGRAMS AND RISKS: NAL programs include camping in tents, stays in cabins or other lodging facilities, excursions, environmental education, hiking, backpacking, ropes courses, rock climbing, boating, swimming, eating meals while on trails, skiing, snowshoeing, staying one or more nights at a remote site away from camp, shelter building, service activities, games, night snorkeling and other nighttime activities, camp fires and one day programs. Participants may camp in NAL-provided tents or cabins and may assist NAL personnel in food preparation.

ACKNOWLEDGMENT OF RISKS: Participant recognizes the fact that there is inherent danger, foreseeable and unforeseeable, in these types of Activities. These risks may result in serious injury or loss of life, and include, but are not limited to, falling on uneven terrain or other surfaces, cold weather related injuries and other injuries or illnesses resulting from extreme weather conditions, excessive sun exposure, exposure to allergens, anaphylaxis, heat related illnesses, altitude related sickness, "acts of nature," accidents resulting from river crossings, fordings, travel (including travel to or from the Activity), animals, insects, plants and vegetation, equipment failure, varying wind, water, and weather conditions, vector exposure, water-related hazards from snorkeling, canoeing or other similar activities, and problems arising from a participant's loss of balance or inability to follow directions. Participant acknowledges that he/she and/or his/her child may suffer accidents or illnesses in remote places where there are no available medical facilities. Participant can lessen the inherent risks posed by the Activities by carefully adhering to the equipment lists and following the directions provided by NAL. Participant understands that during part of NAL's programs, minor Participants will be under the supervision of teachers, chaperones and other adults who are not NAL employees and who have not been selected, and are not supervised, by NAL. Participant agrees NAL is not responsible for the acts or omissions of any such individuals.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: PARTICIPANT HEREBY ACKNOWLEDGES AND ASSUMES THE ABOVE-DESCRIBED INHERENT AND OTHER RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITIES ORGANIZED BY NAL, AND UNDERSTANDS THAT THESE ACTIVITIES CAN BE HAZARDOUS AND INVOLVE THE RISK OF SEVERE INJURY OR DEATH. In recognition of the various risks relating to the Activities which Participant will engage in, both foreseeable and unforeseeable, Participant confirms that he/she and/or his/her child is[are] physically and mentally capable of participating in all Activities and/or using all equipment. Participant acknowledges that during the Activity he/she and/or his/her child may experience symptoms such as fatigue, chill and/or dizziness, which may diminish his or her reaction time or increase the risk of an accident. My/our participation is voluntary and Participant hereby assumes all risks and full responsibility, on behalf of all parties including myself, my child, and/or my child's heirs and assigns.

WAIVER AND RELEASE FROM LIABILITY: ON BEHALF OF MY CHILD, MYSELF, MY CHILD'S OTHER GUARDIANS AND MY CHILD'S HEIRS AND ASSIGNS, I/PARTICIPANT HEREBY ASSUME ALL RISKS AND FULLY AND FOREVER

WAIVE, RELEASE AND DISCHARGE NAL AND ITS DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES, INDEPENDENT CONTRACTORS, INSURERS, AGENTS AND ALL OTHER PERSONS, FIRMS, ASSOCIATIONS OR OTHERS WHO ARE OR MAY BE LIABLE IN ANY WAY ("RELEASEES") FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTION AND DAMAGES OF WHATEVER KIND WHATSOEVER, INCLUDING, WITHOUT LIMITATION, GENERAL, SPECIAL, COMPENSATORY AND PUNITIVE DAMAGES, FOR PERSONAL INJURY, PROPERTY DAMAGE, NEGLIGENCE OR WRONGFUL DEATH ARISING OUT OF, RELATING TO OR IN CONNECTION WITH ANY OF THE ACTIVITIES. PARTICIPANT SHALL NOT, EXCEPT FOR THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF RELEASEES, BRING ANY CLAIM, DEMAND, LEGAL ACTION AGAINST AND/OR SUE THE RELEASEES FOR ANY ECONOMIC OR NON-ECONOMIC LOSS DUE TO BODILY INJURY, DEATH AND/OR PROPERTY DAMAGE ARISING FROM THE ACTIVITIES, INCLUDING, BUT NOT LIMITED TO, ANY ENHANCEMENT OR INCREASE IN THE INHERENT RISKS OF PARTICIPATING IN THE ACTIVITIES.

MEDICAL AUTHORIZATION: I hereby authorize any medical aid or treatment deemed necessary in the event of any injury or illness while participating in the Activity. I either have appropriate insurance, or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my or my child's behalf. I agree to hold NAL harmless for any and all costs or liabilities so incurred.

AUTHORIZATION REGARDING USE OF IMAGES/RECORDINGS AND OTHER MATERIALS: In connection with our participation in the Activities, Participant consents to the recording of our physical likeness[es] and/or voice[s] through mechanical, photographic, technical, digital, electronic or other means that now exists, or may in the future exist, including without limitation still photography, motion pictures, videotape, audiotape, digital imaging, audio, and video ("Recordings"). Participant hereby consents to and authorizes NAL and its designees, successors and assigns to use, in perpetuity, throughout the universe, and in all now known and hereafter existing media, and in any language, such Recordings, as well as our names, for any purpose, including advertising, promoting, exploiting and/or publicizing the Activities and/or NAL, as well as for archival and other purposes. Participant further agrees that the foregoing includes the consent to use any artwork and/or testimonials created by Participant, our physical likenesses in any form, including, without limitation, a photograph, picture, artistic rendering, silhouette, composite, distorted representation or other reproduction by photograph, film, tape, digital recording or otherwise, and Participant waives any claim he/she/they may have in connection with the Recordings. In addition, Participant agrees that once any such materials are submitted, such material shall become the property of NAL.

HOLD HARMLESS: Except with respect to the gross negligence or willful misconduct of the Releasees, Participant hereby agrees to indemnify and hold harmless Releasees from and against any and all claims, liabilities, loss, damages, demands, actions and/or causes of action which may be made against any or all of Releasees, including attorney's fees, costs and expenses of any kind, including, but not limited to, claims for personal injury or death which Participant may suffer arising out of or in any way related to Participant's engaging in the Activities.

DISPUTE RESOLUTION AND WAIVER OF RIGHT TO JURY TRIAL: Any dispute arising between Participant and any of the Releasees arising from participation in the Activities, and/or concerning the formation, validity, interpretation or effect of this Agreement (an "Arbitrable Dispute"), including, but not limited to, any claim for breach of contract or covenant (express or implied), any tort claim (including claims for personal injury, emotional injury, illness, bodily harm or death) and/or any claim related to damage to or loss of property, must be submitted to arbitration. The selection of the arbitrator and the arbitration proceeding shall be conducted in accordance with the then-current JAMS Comprehensive Arbitration Rules and Procedures, and California law shall be applied by the arbitrator. Unless otherwise mutually agreed between the parties or prohibited by law, the arbitration shall take place in or near the county of Ventura, California. Arbitration pursuant to this paragraph shall be the exclusive remedy for any Arbitrable Dispute. The arbitrator's decision or award shall be final and binding, fully enforceable and subject to an entry of judgment by a court of competent jurisdiction. Should any party bound by this Agreement attempt to resolve an Arbitrable Dispute by any method other than arbitration pursuant to this paragraph, the responding party shall be entitled to recover from the initiating party all damages, expenses and attorney's fees incurred as a result.

SEVERABILITY AND INTEGRATION: This Release is intended to be as broad and inclusive as is permitted by law and if any portion hereof is found by any arbitrator or court of competent jurisdiction to be invalid or unenforceable, or inconsistent with any statute or regulation pertaining to the National Park Service or the use of federal lands, any such portion shall be limited to the extent necessary to comply with such law or regulation, or, if necessary, shall be severed

~~herefrom and the remainder of this Release shall, nonetheless, continue in full legal force and effect. This Release shall remain in full force and effect for all Activities or any portion thereof which do not occur on property controlled by a governmental agency that prohibits such releases. No amendment, modification or supplement to this Agreement shall be binding unless it is in writing and signed by Participant and NAL.~~

NAL ACTIONS: I realize that NAL, as a provider of goods and/or services, may find it necessary to terminate an Activity, whether due to forces of nature, medical necessities, problems in the group or other reasons that NAL, in its discretion, deems prudent. I also realize that NAL may refuse or terminate the participation of any person NAL, in its sole discretion, judges to be incapable of meeting the rigors or requirements of participating in the Activity. I accept NAL's right to take such actions with respect to my child and other participants.

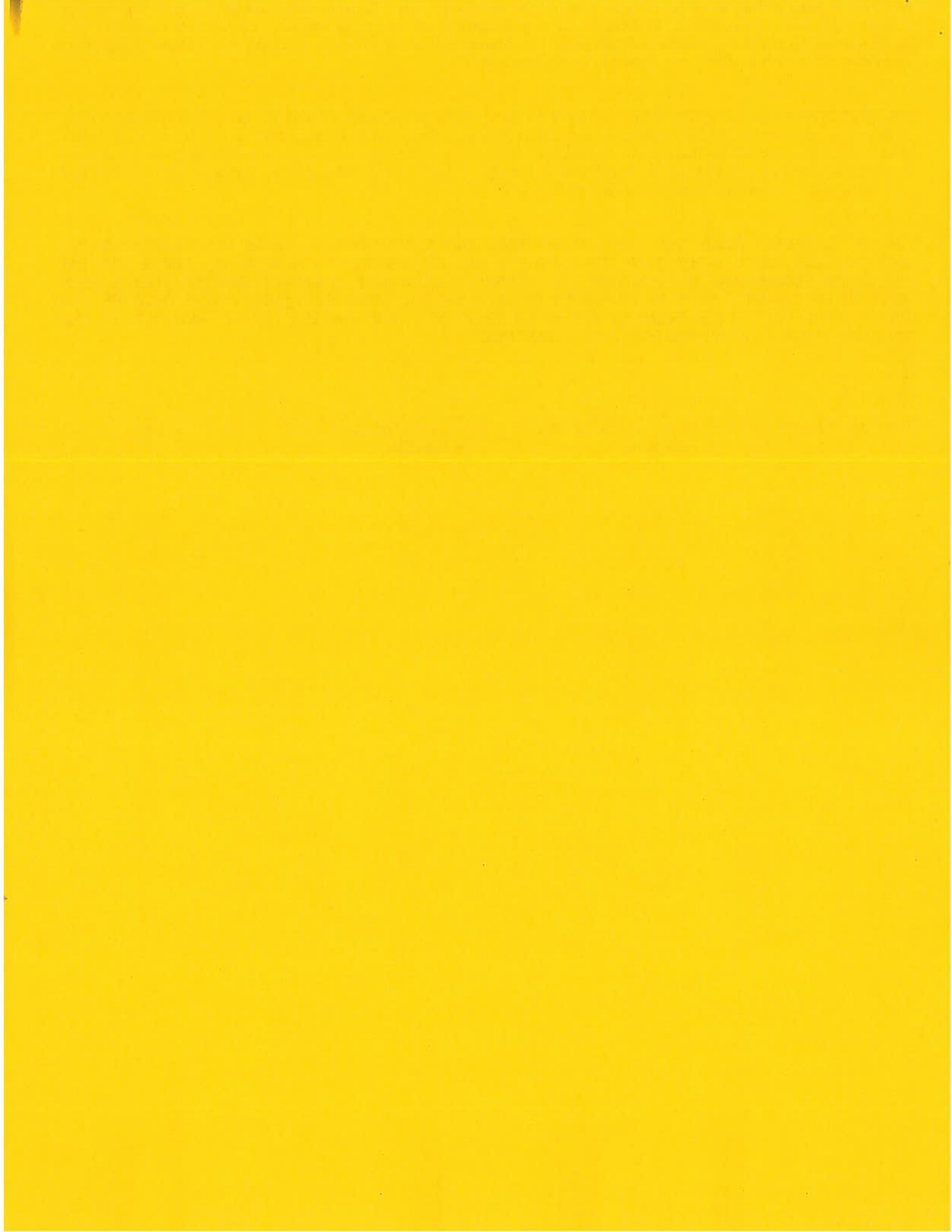
I HAVE CAREFULLY READ THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS AND RESPONSIBILITY, AND RELEASE, FULLY UNDERSTAND ITS CONTENTS, AND AM SIGNING IT VOLUNTARILY. I HAVE HAD ANY QUESTIONS CONCERNING THE PROGRAM AND ACTIVITIES ANSWERED TO MY SATISFACTION. I HAVE BEEN ADVISED TO CONSULT WITH AN ATTORNEY OF MY OWN CHOOSING CONCERNING THIS RELEASE AND UNDERSTAND THAT IN THE EVENT OF ANY ISSUE REGARDING ANY TRANSLATION OF THIS RELEASE, THE ENGLISH VERSION OF THIS RELEASE SHALL CONTROL.

Participant's Name

Signature of Participant/Parent
or Guardian

Signature of Participant/Parent
or Guardian

Date



PARTICIPANT'S PERSONAL AND MEDICAL INFORMATION

 If a minor, to be completed by parent or guardian: **PLEASE PRINT and use dark ink.**
PARTICIPANT'S NAME: _____ **AGE** _____ **DATE OF BIRTH** _____ **SCHOOL/GROUP** _____
 _____ / _____ / _____

ADDRESS: _____
STREET _____ **CITY** _____ **STATE** _____ **ZIP** _____

IF MINOR, PLEASE INCLUDE INFORMATION FOR ALL PARENTS OR GUARDIANS

PARENT'S NAME: _____ **PARENT'S NAME:** _____

PARENT'S WORK NO.: (____) _____ **PARENT'S WORK NO.:** (____) _____

PARENT'S CELL: (____) _____ **PARENT'S CELL:** (____) _____

E-MAIL ADDRESS #1: _____ **#2:** _____

ALT/EMERGENCY CONTACT: _____ **RELATION:** _____

PHONE: (____) _____ **ALTERNATE PHONE:** (____) _____

PARTICIPANT'S PHYSICIAN: _____ **PHONE:** (____) _____

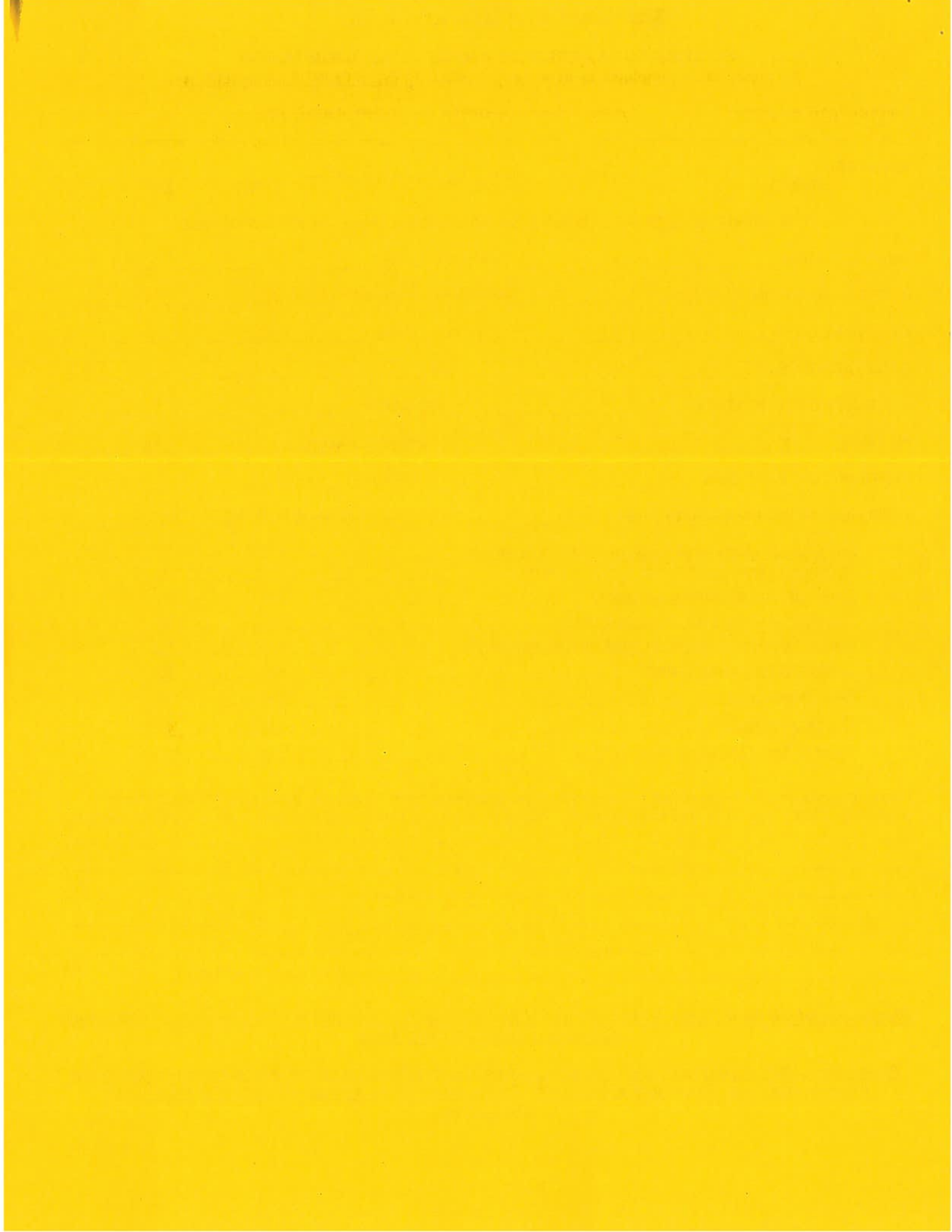
YOUR HEALTH INSURANCE COMPANY: _____ **PLAN NO./I.D. NO.** _____

<u>Any medical conditions which will restrict participation in vigorous physical activity, such as a five-mile hike?</u>	Yes	No
<u>Other medical conditions or diseases?</u>	Yes	No
<u>Allergies to plants, foods, or medications?</u>	Yes	No
<u>Carries Epinephrine and/or an Inhaler for emergencies?</u>	Yes	No
<u>Taking any regular medication?</u>	Yes	No
<u>Recent surgery?</u>	Yes	No
<u>Dietary restrictions?</u>	Yes	No
<u>Other pertinent medical information?</u>	Yes	No

Please provide details of any items to which you have answered "yes" to above. Please list all medications (including OTC) being taken and their purpose. Please expand and clarify any allergens and/or food restrictions.

Other information attached: Yes No

Please understand the importance of honest and accurate disclosure. Incomplete or misrepresented information may impact your child's well-being.
Please store, label, disseminate, and hand over your child's prescription medication to the school/client group per their protocols. The school is responsible for the distribution, storage, of handling of prescription medications.





**NEW LOS ANGELES
CHARTER SCHOOL**

OUTDOOR EDUCATION PAYMENT FORM

New Los Angeles Charter School is happy to continue to offer Outdoor Education opportunities during the 2016-2017 school year. **This year our 8th grade students will be visiting Joshua Tree National Park.**

Thanks to outside fundraising, we are able to heavily subsidize the trips. **The entire cost of the trip for each child is \$75**, which includes all transportation, lodging, meals, and program. As always, no student will be prevented from attending outdoor education because of the cost. If you would like to inquire about financial aid, please contact Brooke Goldberg at bgoldberg@newlosangeles.org or 323.939.6400.

Payment will be due in full by March 6, 2017.

If you should have any questions, feel free to contact our office at (323) 939-6400.

Outdoor Education Balance Due: \$75

Student Name: _____ Grade: _____

Amount Enclosed: _____

Parent Name: _____

Parent Signature: _____

Date: _____

**PLEASE INCLUDE ANY PAYMENT IN THE ENVELOPE INCLUDED WITH
THIS PACKET.**

**We ask that you send EXACT cash, as the office will not be making change.
Make Checks or Money Orders Payable to: New LA Charter School**

