



**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: Catalina Experience

Location(s) of Field Trip: Catalina Island, CA

Departure Date, Time and Location: May 17, 2017 AT 07:00 a.m. Return Date, Time and Location: May 19, 2017 AT 03:30 p.m.

List Trip Activities: Outdoor activities, hiking, swimming, rafting, camping, climbing, etc.

No. of students expected to participate: 104- 7<sup>TH</sup> GRADE CLASS

Mode(s) of Transportation (List in detail transportation mode and description for each segment of the educational trip): Bus to Long Beach and Boat to Catalina Island

**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 \_\_\_\_\_

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## 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.**

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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:

6<sup>th</sup> Grade: Temescal  
May 17-19, 2017

7<sup>th</sup> Grade: Catalina  
May 17-19, 2017

8<sup>th</sup> Grade: Joshua Tree  
April 19-21, 2017

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Office Use Only: Date received \_\_\_\_\_ # \_\_\_\_\_ Initial \_\_\_\_\_





**STUDENT APPLICATION-MEDICAL FORM  
STUDENT INFORMATION (COMPLETE IN FULL)**

**GROUP NAME:** \_\_\_\_\_

**Dates of Camp:** May 17 - May 19

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Street Address (Home) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Street Address (Work) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact other than Parent \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Your Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Student Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Check all applicable conditions of student and explain below

- Allergies (General)
- Allergy to bee stings
- Asthma
- Backaches or weak back
- Bowel or bladder problems
- Car/sea sickness
- Epilepsy or convulsive disorder
- Food Related Allergies
- Hay fever
- Headache
- Heart trouble or murmur
- Poison Oak
- Respiratory problems
- Sinus trouble
- Sleep Walking
- Vomiting
- Vegetarian
- Diabetes
- Other

**Explain:**  
  
Is student capable of participating in strenuous activities? YES NO

**Explain:**  
Any other Important medical needs? YES NO

**Explain:**

Date of last Tetanus: \_\_\_\_\_

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Is the student required to take regular medication: YES NO (all medications are administered by the chaperones for the student's own school)

The TCX infirmary houses the following common medications. Please provide consent and instructions (dose) for administration of medication if it is needed:

YES	NO	YES	NO
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___

Kaopectate (for diarrhea)      Sudafed (Pseudonal)  
 Pepto Bismol (for upset stomach)      Advil (Ibuprofen)  
 Milk of Magnesia (for constipation)      Nyquil  
 Chloraseptic Spray (for sore throat)      Cepacol  
 Caladryl (for skin rashes)  
 Acetaminophen (Tylenol generic for headache or elevated temperature)

**Medical Consent**

The student's medical conditions stated on this application are complete and correct. I hereby give permission to The Catalina Experience (TCX) personnel to administer first aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by TCX camp personnel to examine, diagnose and treat or secure proper treatment for the student as the physician shall determine is proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

**Parental Authorization**

I have been informed of the nature of the TCX program in which the student is enrolled. I understand that there are risks associated with the student's participation in the program activities generally described in the parent information pamphlet and transportation to and from the camp, which pose a threat of injury, illness, or death. The undersigned is familiar with outdoor sports and activities and the student's abilities and I am not aware of any physical, emotional, or mental problem or limitation that would prevent, impair or increase the risk involved in the student's participation in TCX activities.

With this knowledge, I grant permission for the student to participate in all camp activities and on behalf of the undersigned and the student I accept and assume the risk and full responsibility or injury, illness, death or loss of personal property or other damage, and medical or other expense resulting from the student's presence at TCX.

I here by release and discharge The Catalina Experience, and their agents and employees from liability to us and to the student for any and all losses, damages, and expenses and any injury to person or property, including death, resulting from the student's travel to or from TCX and participation in the program.

I agree to direct the student to comply with all TCX rules and policies and to cooperate with TCX personnel. I understand and agree that if the student fails to comply with the rules and policies, he or she may be expelled from TCX and sent home at my, the parent or legal guardian's expense. I also authorize the use of photos taken of my child by TCX in their promotional literature.

\* DATE: \_\_\_\_\_ \* SIGNATURE: \_\_\_\_\_  
Parent or legal Guardian

**\*\*Note: Please attach a copy of the front and back of the applicable insurance card to this form \*\***  
**Rules for acceptance and participation in The Catalina Experience programs are the same for everyone without regard to race, color, national origin, sex or handicap.**





**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 7<sup>th</sup> grade students will be visiting Catalina Island on May 17-19, 2017.**

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](mailto:bgoldberg@newlosangeles.org) or 323.939.6400.

**Payment will be due in full by April 17, 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**

1919 S. Burnside Avenue, Los Angeles, CA 90016

T: 323.939.6400 | F: 323.939.6411 | [www.newlosangeles.org](http://www.newlosangeles.org)

