



# MOUNTAIN OAKS SCHOOL

K – 12 CHARTER SCHOOL

“The World Is Our Classroom”

Website: [www.mountainoaks.org](http://www.mountainoaks.org)

## VOLUNTARY EXCURSION/FIELD TRIP AND MEDICAL AUTHORIZATION – MINOR

\_\_\_\_\_ has my permission to participate in the following **voluntary activity/field trip**: I understand that this excursion is an opportunity for students to attend **ADVENTURE RECREATION DAY** at *Jeness Park, Cold Springs, CA* on **FRIDAY, APRIL 28, 2017**.

In the event of illness or injury, 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 a member of the medical staff of the hospital or facility furnishing medical or dental services.

**As stated in California Education Code Section 35330, I understand that I hold the Calaveras County Office of Education, Mountain Oaks School, their officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's or my participation in this activity.**

I fully understand that participants are to abide by all Mountain Oaks' school rules and regulations governing conduct during the trip.

### STUDENT EXCURSION & TRANSPORTATION AGREEMENT

The undersigned hereby acknowledges and understands that CCOE/Mountain Oaks is not necessarily able to provide transportation to School-sponsored activity and that it is the responsibility of the undersigned to arrange for transportation. The above student will be provided with his/her own transportation at his/her own expense.

IT IS FULLY UNDERSTOOD THAT CCOE/MOUNTAIN OAKS IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY FOR ANY INJURIES OR LOSSES RESULTING FROM THIS VOLUNTARY EXCURSION/FIELD TRIP. IT IS ALSO UNDERSTOOD THAT IF THE ABOVE STUDENT RIDES WITH A PERSON OTHER THAN THE PARENT OR LEGAL GUARDIAN, THE DRIVER IS NOT DRIVING AS AN AGENT OF OR ON BEHALF OF CCOE/MOUNTAIN OAKS.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE THE OTHER SIDE OF THIS FORM**

#### Amador Site

217 W. Jackson Street  
Ione, CA 95640

Fax: (209) 274-6305

[mountainoaksamador@ccoe.k12.ca.us](mailto:mountainoaksamador@ccoe.k12.ca.us)

#### Calaveras Site

P.O. Box 1209

150 Old Oak Road

San Andreas, CA 95249

Site Phone: (209) 754-0532

Fax: (209) 754-3556

[mountainoaks@ccoe.k12.ca.us](mailto:mountainoaks@ccoe.k12.ca.us)

#### Tuolumne Site

518 S. Washington St.

Sonora, CA 95370

Site Phone: (209) 588-9428

Fax: (209) 588-9708

[mountainoakstuol@ccoe.k12.ca.us](mailto:mountainoakstuol@ccoe.k12.ca.us)

**2016-2017**  
**EMERGENCY CONTACT INFORMATION**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Parent's Home Address \_\_\_\_\_

Parent's Home Phone # \_\_\_\_\_ Mom's Cell # \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

Mother's Work# \_\_\_\_\_ Father's Work# \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact's Cell # \_\_\_\_\_ Emergency Contact's Work # \_\_\_\_\_

**MEDICAL ALERT**

Legislation makes it necessary for the school to be informed, by the parent(s) or legal guardian, of any public school student who is taking medication on a continuing basis (Ed. Code 49480).

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Health Plan \_\_\_\_\_ Policy # \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Health or special needs: Check as appropriate:

	My student has no special health needs the staff should be aware of, and no medication is required on the trip
	My student has a special need (Please indicate below) and instructions are attached. Number of attached pages: ____.
	Other:

Allergies or sensitivity: Check as appropriate

No Allergies  Bee Sting  Nuts  Dairy  Latex

Other: \_\_\_\_\_

Required Medication \_\_\_\_\_

Health Issues/Medical Conditions: Check as appropriate

Asthma  Diabetes  Kidney Injuries  Seizure Disorder  Heart Condition  No Health

Issues

Other Medical Condition \_\_\_\_\_

Required Medication \_\_\_\_\_

Other Medications \_\_\_\_\_

Any Comments or other medical

information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_