



# 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 \_\_\_\_\_ in \_\_\_\_\_ on \_\_\_\_\_.

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. As legal guardian, I hereby authorize and give permission for my child to ride as a passenger in a vehicle driven by another parent or legal guardian.

Please understand that Mountain Oaks may not be able to provide transportation for all students to each event. Please indicate below **all of the transportation option(s) for your child.**

<input type="checkbox"/>	Student allowed to only ride with his/her parent or guardian
<input type="checkbox"/>	Student allowed to ride in the school van with a qualified Mountain Oaks driver
<input type="checkbox"/>	Student allowed to ride in an automobile driven by an adult from the Mountain Oaks community.
<input type="checkbox"/>	Student allowed to ride in an automobile driven by another student, with parental approval
<input type="checkbox"/>	Student allowed to drive only him/her self

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 \_\_\_\_\_

#### Amador Site

P.O. Box 1369  
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

21028 Longeway Road  
Sonora, CA 95370  
Site Phone: (209) 588-9428  
Fax: (209) 588-9708  
[mountainoakstuol@ccoe.k12.ca.us](mailto:mountainoakstuol@ccoe.k12.ca.us)

**2009-2010**  
**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: \_\_\_\_\_

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