Mt. Lassen Charter School

PARENT PERMISSION FOR STUDENT PARTICIPATION
IN OFF-CAMPUS SCHOOL SPONSORED EVENTS

My child, _____________________________________________, has permission to go on the

Fleischmann Planetarium
University of Nevada
1664 N Virginia Street
Reno, NV

DATE: Friday February 18th
Permissions slips due by 2/11/2022
Fee: $5.00/student paid by MLCS
- Parent drivers needed.

TIME: 11:00 to 1:00 pm Lunch will not be provided.
Transportation leaves at 9:00 am @ return 3:30pm
SUPERVISING TEACHER: Darrin Wakley

TRANSPORTATION: I will transport my child ________yes __________no.

I give _________________ permission to transport my child and I have made sure this driver
has the minimal liability insurance required on file. (Drivers who transport children (not their
own) are required to have $100K per person/$300K per occurrence/$50K per property damage.)

I understand all students attending this trip will be responsible for their conduct to the driver,
teacher and adult supervisors. It is further understood students will go and return from the
event in the approved transportation and every reasonable caution will be maintained on the
trip.

- I hereby acknowledge that I have been advised that the activities involved in this
excursion/field trip or event are ___ are not___ considered by the district to be of high
risk to the participants.

Date_______________ Parent/Guardian printed_________________________

Parent/Guardian signature__________________________________________

***PLEASE COMPLETE REVERSE SIDE***
AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR
(This authorization form is approved by the CA Hospital Association)

We, the undersigned, parents/guardians of ______________________________________, a minor, do hereby authorize the employee of the Fort Sage Unified School District supervising the activity concerned, as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the provision of the Medical Practice Act of the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific comment to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization shall remain effective during the current school year unless sooner revoked in writing, delivered to said agent.

Date _____________  Signature of Father________________________________________
Signature of Mother________________________________________
Legal Guardian___________________________________________
Name of family doctor, if any: _______________________________________________________

Please list any medical condition and medications your child has that the school employee should be aware of.

__________________________________________________________

WAIVER OF CLAIM
(To be completed for in state events only)
In granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the Fort Sage Unified School District for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of the excursion/field trip or event.

Parent/Guardian_________________________________________ Date________________________

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WAIVER OF CLAIM
(To be completed for out-of-state events only)
In granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the Fort Sage Unified School District, and the State of California for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of the excursion/field trip or event.

Parent/Guardian_________________________________________ Date________________________