

Student Permission Form & Medical Information for Headwaters

Academy of Arts & Academics, Health & Science (A3)
A public charter school of the Springfield School District, No. 19 • Springfield, OR

BRING COMPLETED FORM TO REGISTRATION AUGUST 30

Dear Parents,

In connection with their class instruction, A3 students participate in the HEADWATERS RETREAT the first three days of school as a vital part of their educational experience. This trip is planned so that the students may learn under the direct supervision of their teachers and other adults who may make the trip.

Every possible precaution is taken to ensure the safety of the students but since the trips are away from school there is an element of risk involved. The district and the school carries public liability insurance but, like private automobile insurance, it is effective only in cases of proven negligence. Oregon court decisions in the past have tended to hold that a school and school district engaged in carrying out an educational function is not liable for accidental injury.

The HEADWATERS RETREAT as well as all Springfield School District trips (including trips taken outside the State of Oregon) may incur circumstances beyond the control of the district and the trip supervisor. Your signature below indicates your awareness of the potential for unscheduled delays, personal security searches, rerouting of travel, and other events beyond the control of the school district. Parents will be liable for all expenses incurred by their child for any events that alter the planned itinerary of the trip.

Students from the Academy of Arts & Academics (A3) are traveling to THE MACKENZIE RIVER CONFERENCE CENTER in RAINBOW, OR in conjunction with the HEADWATERS RETREAT on September 6 - 8, 2017.

All A3 students are expected to attend the HEADWATERS RETREAT, however only students with properly signed permission slips are allowed to make the trip. Students who do not attend the retreat will be considered absent from school and if the absence is excused for medical reasons as allowed by state law, will complete make up assignments and other work. The school believes the experience valuable enough to warrant making the trip, but recognizes your right as a parent to decide whether you wish your student to go. Should a student not attend for any reason (excused or not), A3 will attempt to provide additional assignments to make up for the missed grading opportunity, however there is no guarantee that the student will receive credit equal to participation in the event. The Headwaters retreat counts as 5% of every class the first semester. A3 is under no legal obligation to provide a "make up" assignment for students who are not properly excused from school for medical reasons. If you approve of your student making the trip, please sign and return this permission slip by August 30, 2017.

Michael Fisher,
A3 School Director

My approval is hereby given for _____ **STUDENT'S NAME** _____ to make the planned trip described above on September 6 - 8, 2017. I understand that there is some element of risk involved in taking students away from the school building and that the liability insurance carried by A3 and the School District #19 is intended to protect against proven negligence. It is my understanding that Oregon court decisions have held school districts not liable for accidental injury when they are engaged in an educational function.

Trip Details:

WHAT:

Headwaters, the all-school retreat

WHERE:

The McKenzie River Conference Center, Rainbow OR

WHO:

ALL A3 students, Arts & Academics and Health & Science

HOW MUCH:

No Charge

EMERGENCY CONTACT:

Please make a note of these!

Michael Fisher,
(541) 915-9150 or
Ed Mendelssohn,
(541) 915-0620

PLEASE DETACH HERE, FILL IT OUT BOTH SIDES, AND RETURN AT REGISTRATION ON AUGUST 30)

PARENT/GUARDIAN SIGNATURE

DATE

OTHER SIDE →

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STUDENT NAME: _____

Emergency contact name and phone number: _____

Allergies: Y N If yes, please list allergen and treatment for reaction:

Special Physician-Directed Dietary Restrictions: Y N If yes, please list and provide doctor's certification:

Daily medications (prescription and non-prescription) Please list:

Parents, please drop off any medications for the retreat IN THE ORIGINAL CONTAINERS at registration on August 30! Students are NOT ALLOWED to bring or carry their own medication.

Insurance Information:

Insurance provider: _____

Group/Policy Number: _____

Primary Physician: _____

Phone number: _____

In the event of an emergency, I give my permission to the Academy of Arts & Academics or Springfield School District representative to seek emergency medical help for my student.

PARENT/GUARDIAN SIGNATURE

DATE