

**Experience Life as a Pioneer
SUTTER'S FORT TRAPPER'S CAMP
Tuesday, Oct. 3rd
12:30 p.m. – 2:30 p.m.**

For 3rd, 4th, and 5th Grades

Each year Sutter's Fort Trapper's Camp brings California history to life for one week in the city of Red Bluff. Students will observe pioneer life in California before the Gold Rush. At the different stations students will experience California native people, western migration, daily life, pioneer women, native plants and how and why animals were trapped.



**We will all meet at the Red Bluff Diversion Dam
(last parking lot) at 12:00 p.m. The event starts
at 12:30 and ends at 2:30.**

**Dress comfortably as we will be doing a lot of
walking and sitting in the dirt.**

Lincoln Street School
Student Voluntary Excursion/Field Trip Notice & Medical Authorization

Dear Parent/Guardian:

Kindly complete and return a signed copy of this form to Lincoln Street School.

_____ has my permission to participate in the following voluntary activity:

Sutter's Fort Trapper's Camp

Destination: Meet at the Red Bluff Diversion Dam

Departure Date & Time: Tues. Oct. 3rd, 12:00 pm

Return Date & Time: Tues. Oct. 3rd, 2:30 pm

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.

Students cannot participate in the above activity unless the following is completed:

Check *here* if there is **NO SPECIAL MEDICAL CONSIDERATION** the staff should be aware of and no drugs/medications are required on this trip.

All drugs/medication must be registered on this form

If any drugs/medications are to be taken by the student, list them below.

Drug/Medication	Reason for drug/medication

All drugs/medication, excepting those that must be kept on the student's person for emergency use, must be kept and distributed by the staff.

If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

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

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier: _____ Policy #: _____

Medical Insurance Carrier Address: _____