PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD WORK AND AUTHORIZATION FOR MEDICAL CARE

To the Principal of: Sierra Academy of Expedit	ionary Learning
(Student Name: please print)	has my permission to participate in fieldwork in the North Lake Tahoe area from Oct. 2nd to Oct. 4th, 2018.
Start time: 9:30am on Tuesday October 2nd a	nt Granite Flat Campground.
Finish time: 3:00pm on Thursday October 4th	n at Granite Flat Campground.
Address: Granite Flat Campground - 8900 Riv	er Rd, Truckee, CA 96161
Supervising Teachers: Mr. Young and Ms. Bu	rlingham
(2) Students will use stor (3) Students will be ridin (4) Students will be walk	ping in tents in a public campground. ves for cooking and will be around campfires. ig on public transportation. sing in an urban area interacting with crosswalks, sidewalks, bus stops and other such infrastructure. uneven terrain.
Method of Transportation: _X_ Student is w	ralking Student will ride on bus
X Student will take public transportation X_ Other: If needed_students will be riding in	n Student will ride in private vehicle in vehicles driven by approved SAEL drivers to and from the
	ling back and forth to the campground with parents.
waived all claims against the district, charter school, or the St	a Education Code states in part: "All persons making the field trip shall be deemed to have ate of California for injury, accident, illness, or death occurring during or by reason of the es may result in student being sent home at parent/guardian's expense. Field trips are parent/guardian's request.
ASSUMPTION OF RISK: By signature hereon, parent/guar may expose the student to potential harm including injury or	dian waives liability against the school and acknowledges that the trip and its activity(s) death.
XAuth	orized Signature of Parent or Guardian
Print	ted Name of Parent or Guardian Date
Check here if child may not participate in Active the back of this sheet]	vity number: (1)(2)(3)(4)(5) [Please provide details and an explanation on

Student Name:	
Home Address:	
Parent/Guardian Home Phone No.:	
Parent/Guardian Work Phone No.:	
Emergency Contact Phone No.:	
XAuthorized Signature of Parent or Guardian	
Parent or Guardian's Name (please print)	
Date:	
PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMEN OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THI	