

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

To the Principal of: Sierra Academy of Expeditionary Learning

_____ has my permission to participate in fieldwork
(Student Name: please print)

Fieldwork: 11th Grade Expedition Kick Off on Wednesday, August 22th 2018

Location: Bear River Campground, 2500 Campground Rd, Colfax, CA 95713

Start time: 9:20am at SAEL

Finish time: 4:30pm at SAEL



- (1) Students will be transported to and from SAEL in a bus operated by Durham School Services.
- (2) Students will be participating in school lessons and conversations with members of the community.
- (3) Student' will be spending time in as well as walking around a public campground alongside the Bear River.

Method of Transportation: Student is **Walking** Student **will ride on Bus**

 Student will ride in **Private Vehicle** Other: _____

PARENTS, PLEASE NOTE: Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have waived all claims against the district, charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." Failure of student to comply with rules may result in student being sent home at parent/guardian's expense. Field trips are voluntary and a privilege; **student may remain in school at parent/ guardian's request.**

ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against the school and acknowledges that the trip and its activity(s) may expose the student to potential harm including injury or death.

X _____
Authorized Signature of Parent or Guardian

_____ Date
Printed Name of Parent or Guardian

Check here if child **may not** participate in Activity number: (1) (2) (3) [Please provide details and an explanation on the back of this sheet]

Student Name: _____

Home Address: _____

Parent/Guardian Home Phone No.: _____

Parent/Guardian Work Phone No.: _____

Emergency Contact Phone No.: _____

X _____
Authorized Signature of Parent or Guardian

Parent or Guardian Name (please print)

Date: _____

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.