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

To the Principal of Sierra Academy of Expeditionary Learning (Student Name) ______ has my permission to participate in fieldwork at the Hospitality House in Grass Valley on Tuesday, March 12th 2019.

Location: Hospitality House 1262 Sutton Way, Grass Valley, CA 95945

Time/Date:

- Tuesday, March 12th 2019
- Depart SAEL at 9:45 am
- Return to SAEL at 1:00 pm

Supervising Teachers: Mr. Young, Ms. Love, and Mr. Duckworth

Specific activities:

- (1) Students will take a guided tour of the Hospitality House.
- (2) Students will interact with individuals receiving services from the Hospitality House
- (3) Students will use kitchen utensils to help prepare food.

Method of Transportation: ____ Student is Walking ____X_ Student will ride on bus

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

Printed Name of Parent or Guardian

Date

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]

AUTHORIZATION FOR MEDICAL CARE

If it becomes necessary for my child to have medical care while participating in this trip, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

X	
Authorized Signature of Parent or Guardian	
Student Name:	
Home Address:	
Parent/Guardian Home Phone No.:	
Parent/Guardian Work Phone No.:	
Emergency Contact Phone No.:	
Parent or Guardian's Name (please print)	
	Date:
Authorized Signature of Parent or Guardian	

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