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 mv permission to participate in fieldwork to Manzanar National Historic Site on Wednesday, May 1st to Friday, May 3rd, 2019.

Locations:

Campground: Independence Creek Campground, Independence, CA 93526 Manzanar: 5001 US-395, Independence, CA 93526

Supervising Teachers: Mr. Berry, Ms. McCaffrey and Mr. Parkhouse

FOR THE STUDENT ARE ON FILE IN THE SCHOOL.

2) 2 3) 2	Students will engage in vigorous physical activities including hiking on uneven terrain Students will camp in tents in a public campground and cook using camp stoves Students will tour the Manzanar National Historic Site Students will participate in a solo reflection	
Method of Transportation: Student is Walking Student will ride on Bus		
	X_Student will ride in Private Vehicle driven by SAEL approved drivesOther	

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	
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) (4) [Please provide details and a on the back of this sheet]	an explanation
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	
Authorized Signature of Parent or Guardian	
Parent or Guardian's Name (please print)	
Date:	
PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER	MEDICATION