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

| To the Principal of: Sierra Academy o | of Expeditionary Learning |
|---|--|
| | has my permission to participate in fieldwork |
| (Student Name: please print) | |
| Fieldwork: 10th Grade Expedit | on Kick Off on Thursday, August 23th 2018 |
| Location: UC Davis Campus, 9:20am at SAEL Finish time: 4:30pm at SAEL | Davis, CA |
| (2) Students v | vill be transported to and from SAEL in a bus operated by Durham School Services. vill tour a bee pollinator garden and a bee genetics laboratory on the campus of UC Davis. vill take a guided tour of the UC Davis campus. |
| Method of Transportation: | Student is Walking X_ Student will ride on Bus |
| Student | will ride in Private Vehicle Other: |
| waived all claims against the district, chart field trip or excursion." Failure of student voluntary and a privilege; student may re | |
| | XAuthorized Signature of Parent or Guardian |
| | Printed Name of Parent or Guardian Date Date |
| the back of this sheet] | Student Name: |
| | Home Address: |
| | Parent/Guardian Home Phone No.: |
| | Parent/Guardian Work Phone No.: |
| | Emergency Contact Phone No.: |
| | X |
| | XAuthorized Signature of Parent or Guardian |
| | Parent or Guardian Name (please print) |
| | Date: |
| 1 1 | TRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER DENT ARE ON FILE IN THE SCHOOL. |