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

Го the Principal of: Sierra Academy of Expediti	ionary Learning	
(Student Name: please print)	has my permission to participate Downtown Nevada City on Frid	
Start time: 9:20am at SAEL Finish time: 1:30pm at SAEL Fieldwork Location: On the sidewalk of Comm	nercial, Broad, and Spring Streets in Do	owntown Nevada City
Supervising Teacher: Ms. Love, Ms. Donley, Mr.	. Duckworth, Mr. Millar, and Mr. Berry	7
	om SAEL to Downtown Nevada City an mbers of the public, crosswalks, sidew	
Method of Transportation	n: _ X _ Student is Walking	Student will ride on Bus
Student will ride in	n Private Vehicle Other:	
PARENTS, PLEASE NOTE: Section 35330 of the Califorwaived all claims against the district, charter school, or the field trip or excursion." Failure of student to comply with woluntary and a privilege; student may remain in school ASSUMPTION OF RISK: By signature hereon, parent/smay expose the student to potential harm including injure.	he State of California for injury, accident, illnes h rules may result in student being sent home a ol at parent/guardian's request. Yguardian waives liability against the school an ry or death.	es, or death occurring during or by reason of the at parent/guardian's expense. Field trips are and acknowledges that the trip and its activity(s)
X	Authorized Signature of Parent or Guardian	
	Printed Name of Parent or Guardian	Date
Check here if child may not participate in this sheet]	n Activity number: (1) [Please provide d	letails and an explanation on the back of
Student Na	nme:	
Home Addr	ress:	
Parent/Gua	ardian Home Phone No.:	
Parent/Gua	ardian Work Phone No.:	
Emergency	Contact Phone No.:	
X	Signature of Parent or Guardian	
Authorized S		
Parent or Gu	uardian's Name (please print)	
DI FASE CH	IECK HERE IF INSTRUCTIONS FOR SPECIA	AL MEDICAL TREATMENT AND /OR

OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.