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

To the Principal o	of: Sierra Academ	y of Expeditionary	Learning			
			_ has my permission to	participate	in fieldwork at Mi	neral Bar on
(Student N	ame: please print	·)				
American River	in Colfax on Fric	lay, May 17 th , 20	19			
Start time : 9:20a	m (SAEL) Fini	sh time : 1:30pn	ı			
Location: Iowa H	ill Rd Colfax, CA	95713				
Supervising Tea	chers : Ms. Love,	Mr. Berry				
General Activity(s)	(1) Students will be hiking on and off trails on uneven and rocky terrain.(2) Students will be swimming.					
to be included:	Method of Tra	insportation:	Student is Walking		_ Student will ride (on Bus
_X Student will ride in Private Vehicle Other:						
	RISK: By signature	hereon, parent/gua n including injury o XAut	horized Signature of Parent o	the school and		he trip and its activity(s)
Check here back of this	•		ited Name of Parent or Guard		Date ide details and an ex	xplanation on the
AUTHORIZAT		Student Name: _				
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		Home Address:				
		Parent/Guardian Home Phone No.:				
		Parent/Guardian Work Phone No.:				
		Emergency Contact Phone No.:				
personnel to rend deemed necessar appropriate by th understand that carries student a	the physician. I the school		ed Signature of Parent or Gua			
insurance in an a \$50,000 (applies health insurance	mount limited to excess of family	Parent or Guardian's Name (please print) Date:				
PLEASE CH	ECK HERE IF INS	TRUCTIONS FOR S	SPECIAL MEDICAL TREAT	MENT AND/	OR OVER-THE-COUI	NTER MEDICATION

FOR THE STUDENT ARE ON FILE IN THE SCHOOL.