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

To the Principal of: Sierra Acade	my of Expeditionary Learning
	has my permission to participate in fieldwork at the
(Student Name: please pr	int)
Mineral Bar Campground for	Crew Orientation on Tuesday September 11th, through Friday, September 14th 2018.
<u>Start time</u> : 9:20am - Tuesday S <u>Finish time</u> : 12:00pm - Friday S	eptember 11 th (At SAEL) September 14 th (Return to SAEL on the bus)
Supervising Teacher (please pri	nt): Mr. Berry, Mr. Duckworth, Ms. Scott, Ms. O'Shea, Ms. Burlingham
Activity(s) cooking, usir	will be camping, hiking, bouldering, swimming, sleeping on the ground in a public campground, ag stoves, engaging in vigorous activities on uneven grounds, hiking along a public road to access a ating in CREW games, being present for evening camp fires, filtering water, and walking over a
Method of Transportation:	Student is WalkingX _ Student will ride on Bus
Stud	lent will ride in Private Vehicle Other:
waived all claims against the district, of field trip or excursion." Failure of stud	35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the dent to comply with rules may result in student being sent home at parent/guardian's expense. Field trips are by remain in school at parent/guardian's request.
ASSUMPTION OF RISK: By signatu may expose the student to potential h	re hereon, parent/guardian waives liability against the school and acknowledges that the trip and its activity(s) arm including injury or death.
	Authorized Signature of Parent or Guardian Printed Name of Parent or Guardian Date
Check here if child may n ot the back of this sheet]	ot participate in Activity number: (1) (2) (3) [Please provide details and an explanation on
AUTHORIZATION FOR	Student Name:
MEDICAL CARE If it becomes necessary for my	Home Address:
child to have medical care while participating in this trip, I hereby give school personnel permission	Parent/Guardian Home Phone No.:
to use their judgment in obtaining medical care for the	Parent/Guardian Work Phone No.:
child, and I give permission to the physician selected by school	Emergency Contact Phone No.:
personnel to render medical care deemed necessary and	X X
appropriate by the physician. I understand that the school	XAuthorized Signature of Parent or Guardian
carries student accidental injury insurance in an amount limited to	Parent or Guardian's Name (please print)
\$50,000 (applies excess of family health insurance if applicable.)	Date:
PLEASE CHECK HERE IF II	NSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION

FOR THE STUDENT ARE ON FILE IN THE SCHOOL.