

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

To the Principal of: Sierra Academy of Expeditionary Learning

_____ has my permission to participate in fieldwork at the **Rood Center**
(Student Name: please print)

for the 9th Grade Celebration Of Learning.

Start Date: Tuesday, December 4th, 2018.

Start time: 9:45am @ SAEL (walk to the Rood Center from SAEL)

Finish time: 12:30pm @ SAEL (walk back to SAEL)

Address: 950 Maidu Ave, Nevada City, CA 95959

Supervising Teacher : **Ms. O'Shea, Mr. Duckworth, Ms. Beck, Mr. Berry**

General
Activity(s)
to be
included:

Method of Transportation: Student is **Walking** Student **will ride on Bus**
 Student will ride in **Private Vehicle** Other: Students will be riding in vehicles
driven by approved SAEL drivers to and from the fieldwork if needed. Students will be carpooling back and forth
with SAEL parents and teachers who are registered and approved SAEL drivers if needed.

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 _____
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) [Please provide details and an explanation on the back of this sheet]

**AUTHORIZATION FOR
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 personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

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

Parent or Guardian's Name (please print)

Date: _____

PLEASE CHECK HERE IF
MEDICATION FOR THE

INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER STUDENT ARE ON FILE IN THE SCHOOL.