

**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 **Bowman Lake, Tahoe National Forest**
(Student Name: please print)

Start Date: Tuesday September 11th, 2018

Start time: 9am at "Emerald Pools" parking area next to the South Yuba River on Bowman Lake Rd/Route 14. We will then caravan into the fieldsite together. If you need a ride notify Mr. Young in advance and plan to be at SAEL at 8am to meet with SAEL approved drivers for transport to fieldsite - only if you have notified Mr. Young in advance.

Finish Date: Thursday September 13th, 2018

Finish time: 3:00pm @ Bowman Lake. If you need a ride back to SAEL notify Mr. Young in advance and you will be transported back to SAEL by a SAEL approved driver.

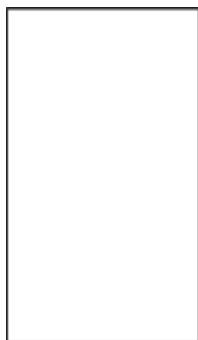
Address:

Fieldsite: Bowman Lake, Tahoe National Forest, Bowman Lake Road/Route 18

Tuesday Meeting Point: "Emerald Pools" parking area next to the South Yuba River on Bowman Lake Rd.

Thursday Meeting point: Bowman Lake, Tahoe National Forest, Bowman Lake Road/Route 18

Supervising Teachers:: **Mr. Young, Mr. Bertran, Ms. Donley, Ms Beck , Mr. Bird, Mr. Parkhouse**



Activities will include:

1. Students will be engaging in bouldering and rock climbing under the supervision of Mr. Bird, who is a certified top rope climbing guide by the PCGI. This includes belaying, rappelling, and ascending and descending fixed ropes during the day and night.
2. Students will be engaging in vigorous physical activities including hiking on uneven terrain, running, playing, and moving on diverse surfaces.
3. Students will be swimming in Bowman Lake under the supervision of Mr. Young who is a certified in swiftwater rescue by Rescue 3.
4. Students will be cooking using stoves and will be around campfires.
5. Students will be sleeping on the ground in tents on U.S. Forest Service lands.

Method of Transportation: ___ Student is **Walking** ___ Student **will ride on Bus** **X** Student will ride in **Private Vehicles**

X **Other:** If needed students will be riding in vehicles driven by approved SAEL drivers to and from the fieldwork. Otherwise students will be carpooling back and forth to Bowman area with parents

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) (4) (5) [Please provide details and an explanation on the back of this sheet]

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