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

To the Principal of: Sierra Academy of Expeditionary Learning (Student Name) \_\_\_\_\_\_ permission to participate in fieldwork in the **Dark Canyon Wilderness Area in Utah.**  has my

Start Date/time: Wednesday, May 1st, 2019 at 7:00 am

Finish Date/time: Tuesday, May 7<sup>th</sup>, 2019 at 5:00pm

Supervising Teacher: Mr. Young

(1) Students will be hiking in the Dark Canyon Wilderness Area. This means students will be engaging in vigorous activities including hiking on uneven terrain over long distances, cooking using stoves, and sleeping on the ground in tents, Students will be camping on public lands in multiple campsites. Students will also be engaging in physical activities under the direct supervision of Prescott College instructors and students.

Method of Transportation: \_\_\_\_\_Student is Walking \_\_\_\_\_Student will ride on Bus

**\_\_\_X\_** Student will ride in **Private Vehicle** Students will be riding in vehicles driven by approved SAEL drivers. Students will be carpooling with SAEL parents and teachers who are registered and approved SAEL drivers.

**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 <b>may not</b> participate in Activity number: (1) [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 MEDICATI                                             |

FOR THE STUDENT ARE ON FILE IN THE SCHOOL.