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

To the Principal of: Sierra Academy of Expeditionary Learning

<u>Start time</u>: 9:20am at SAEL <u>Finish time</u>: 4:30pm at SAEL

<u>Fieldwork Location:</u> Hirschman's Pond Public Land, Indian Flat Rd, Nevada City, CA 95959

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

(1) Students will walk from SAEL to Hirschman's Pond and back. Students will be in an urban area interacting with crosswalks, sidewalks, curbs, intercessions and other such infrastructure.

(2) Students will be participating in invasive weeds removal service work. That means students will be using tools to remove weeds, grass, and excess wood. Students will be walking on uneven surfaces on trail and wooded areas off trail.

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

\_\_\_\_\_ Student will ride in **Private Vehicle** \_\_\_\_\_ Other: \_\_\_\_\_

**x**7

**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.

	Authorized Signature of Parent or	Guardian	
	Printed Name of Parent or Guardi	an Date	
Check here if child <b>may not</b> back of this sheet]	participate in Activity number: (1) (2)	Please provide details and an e	xplanation on the
	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)		

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