

**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): _____
has my permission to participate in fieldwork along the Pacific Crest Trail and at Peter Grubb Hut from
Monday, March 25th to Wednesday, March 27th, 2019

Winter Camping:

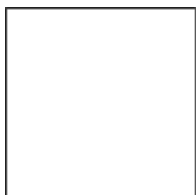
Start Date: Monday, March 25th, 2019

Start Time: 8 am drop off at SAEL

Finish Date: Wednesday, March 27th, 2019

Finish time: 4:30 pm at SAEL

Supervising Teachers: **Mr. Young, Mr. Parkhouse, Mr. Berry, Ms. James, Ms. Love, and Mr. Duckworth**



1. Students will be engaging in vigorous activities including exposure to cold temperatures backpacking, cooking on small stoves with propane fuel, cooking with boiling water, hiking in the snow over varied terrain, sleeping in tents in cold temperatures, sleeping in snow shelters, and snowshoeing in soft and firm snowpacks.

Method of Transportation: X Student is **Walking** X Student **will ride on Bus**

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

X _____
Printed Name of Parent or Guardian Date

Check here if child **may not** participate in Activity number: (1) [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.)

X _____
Authorized Signature of Parent or Guardian

Student Name: _____

Home Address: _____

Parent/Guardian Home Phone No.: _____

Parent/Guardian Work Phone No.: _____

Emergency Contact Phone No.: _____

Parent or Guardian's Name (please print)

Authorized Signature of Parent or Guardian

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.