

**PARENT’S OR GUARDIAN’S PERMISSION FOR FIELDWORK  
AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of: Sierra Academy of Expeditionary Learning (Student Name)\_\_\_\_\_ has my permission to participate in fieldwork to Sacramento from Tuesday, Sept. 17th to Friday, Sept. 20th.

**Dates:** Tuesday, Sept. 17th to Friday, Sept. 20th

**Locations will include:** The greater Sacramento area, including Davis, West Sacramento, Downtown and surrounding areas

**Supervising Teachers:** Mr. Young, Ms. O’Shea, Mr. Duckworth

**General  
Activity(s)  
to be  
included:**

- 1) Students will be in public spaces and interacting with members of the public
- 2) Students will walk along urban streets and ride public transportation buses
- 3) Students will tour a bee pollinator garden where bees are present
- 4) Students will interact with and observe judicial proceedings
- 5) Students will camp in a public campground, use stoves for cooking and sleep on the ground in tents
- 6) Students will engage in manual labor outside and use basic human-powered tools

**Method of Transportation:**

Student will ride a bus     Student will walk     Student will ride on public transportation

**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

Check here if child **may not** participate in Activity number: (1) (2) (3) (4) (5) (6) [Please provide details and an explanation on the back of this sheet]

**Continue on the otherside**

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