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

•	f: Sierra Academy of Expeditionary Learning (please print)nto participate in fieldwork in the North Lake Tahoe area from Oct. 1st to Oct. 3rd, 2019.
Dates: Oct. 1st to	Oct. 3rd, 2019
Location: Greater	North Lake Tahoe area
Supervising Teacl	her: Mr. Young
	(1) Students will be camping in tents in a public campground.
General	(2) Students will use stoves for cooking and will be around campfires.
Activity(s)	(3) Students will be riding on public transportation.
to be included:	(4) Students will be walking in an urban area interacting with crosswalks, sidewalks, curbs, intercessions, bus stops and other such infrastructure.
	(5) Students will hike on uneven terrain.
	(6) Students will engage in manual labor outside and use basic human-powered tools
PARENTS, PLEASE N waived all claims agains field trip or excursion."	Itake public transportation Student will ride in private vehicle  NOTE: Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have set the district, charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the Failure of student to comply with rules may result in student being sent home at parent/guardian's expense. Field trips are ge; student may remain in school at parent/guardian's request.
	<b>SK:</b> By signature hereon, parent/guardian waives liability against the school and acknowledges that the trip and its activity(s) to potential harm including injury or death.
	X
	Authorized Signature of Parent or Guardian
	Printed Name of Parent or Guardian Date
	child <b>may not</b> participate in Activity number: (1) (2) (3) (4) (5) (6) [Please provide details and an 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.)

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.