

**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 for the **11th-grade kick off**.

**Dates:** Thursday September 5th, 2019

**Locations will include:** Western Gateway Park, Penn Valley, CA. South Yuba State Park, Hwy 49 bridge access. The Hoyt Crossing Trail along the South Yuba River.

**Supervising Teachers:** Mr. Young, Ms. Hooper, and Mr. Bird

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

- 1) Students will be at a public park and interacting with members of the community.
- 2) Students will be hiking on multi-use trails on public land. Routes will involve hiking on uneven terrain including rocky terrain, mud, and steep inclines.
- 3) Students will have an opportunity to swim in the South Yuba River under the supervision of Mr. Young who is certified in swiftwater rescue by Rescue 3.
- 4) Students will be in areas prone to ticks, mosquitoes, poison oak, and wildlife.
- 5) Students will have choice to participate in riding bikes at the bike park and will be provided helmets. If they chose to they will be exposed to all activities and risks inherent in mountain biking:
  - a) Riding on man-made freestyle features - including berms, table top jumps, rollers, and 1 - 2 footdrops.
  - b) Riding on rugged trails characterized by uneven surfaces, surprisingly placed obstacles, and loose materials.
  - c) Walking on uneven terrain, in some cases while supporting a bicycle, to avoid unrideable sections of trail or to provide right-of-way to other users of the park.

**Method of Transportation:**

Student will ride in Private Vehicle     Students will ride a 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

\_\_\_\_\_  
Printed Name of Parent or Guardian

Check here if child **may not** participate in Activity number: (1) (2) (3) (4) (5) [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.