PARENT'S OR GUARDIAN'S PERMISSION FOR FIELDWORK AND AUTHORIZATION FOR MEDICAL CARE

•	of Sierra Academy of Expeditionary Learning (Student ion to participate in hikes to Sugarloaf Mountain Open	· ·
Fieldwork locati • Sugarloa	ion: f Mountain Open Space, Nevada City, CA	
Fieldwork dates • Durning	s: P3 and P4 on Monday's and Wednesday's between Fe	bruary 12th and March 9th, 2020
Supervising Tea	chers: Mr. Young, Mr. Berry, and Mr, Diaz	
	(1) Students will walk from SAEL to Sugarloaf Mounback. Students will be in an urban area interacting wasidewalks, curbs, intercessions and other such infratrails on public land. The route will involve hiking of mud, steep inclines, and exposure to poison oak.	vith members of the public, crosswalks, structure as well as hiking on multi-use
Method of Trans	sportation: _X_ Student is Walking Student	will ride on Bus
	Student will ride in Private Vehicle	Other:
field trip shall be injury, accident, comply with rul and a privilege;	ASE NOTE: Section 35330 of the California Education e deemed to have waived all claims against the distriction illness, or death occurring during or by reason of the es may result in student being sent home at parent/gustudent may remain in school at parent/guardian OF RISK: By signature hereon, parent/guardian waive	t, charter school, or the State of California for field trip or excursion." Failure of student to lardian's expense. Field trips are voluntary 's request.
	hat the trip and its activity(s) may expose the student	
	XAuthorized Signature of Parent or G	uardian
	Printed Name of Parent or Guardian	Date
	re if child may not participate in Activity number: (1) [Please provide details and an

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.:		_
Parent or Guardian's Name (please print)		
	Date:	
Authorized Signature of Parent or Guardian		
PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TI MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.	REATMENT AND/O	R OVER-THE-COUNTER