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 Winter Camping on Tuesday, March 10th to Thursday, March 12th, 2020
Dates/Times: Start Date: Tuesday, March 10th, 2020 Start Time: 8 am drop off at SAEL
Finish Date: Thursday, March 12th, 2020 Finish time: 4:30 pm at SAEL
Location: Peter Gubb Hut in the Castle Peak area of the Tahoe National Forest north of I-80 on Donner Summit
Supervising Teachers: Mr. Young, Mr. Parkhouse, Ms. Love, Ms. McCaffrey, and Mr. Duckworth
Specific activities:
1. Students will be engaging in vigorous activities including exposure to cold temperatures, backpacking in the snow over varied terrain, snowshoeing in soft and firm snowpacks, cooking on propane stoves, cooking with boiling water, sleeping in tents in cold temperatures, and sleeping in snow shelters.
Method of Transportation:X_ Student is WalkingX_ 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
Authorized Signature of Parent or Guardian
${f v}$
XPrinted 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.)

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 MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL	TREATMENT AND/OR	OVER-THE-COUNTER