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

	•	ldwork to Scotts Flat Lake	•	•	nas my
Locations:	Scotts Flat Lake Boat Launch (off Highway 20) Map attached.				
Гime:	9:20am (drop of	f at Scotts Flat Lake)	Return:	4:30pm (back at SAE	EL)
Supervising	Teachers: Mr. Be	rry, Ms. O'Shea			
	Nevada City, C	ill be working to collect bio-d A 95959). Students will also l e walking along public roads	be walking back f	rom Scotts Flat Lake car	rying water. This means,
Method of T	ransportation:	_X_ Student is Walking	Student	will ride on Bus	
	X S	tudent will ride in Private Ve	hicle driven by SA	AEL approved drives	Other
waived all claim field trip or excu	s against the district, ursion." Failure of stu		lifornia for injury, ac esult in student bein	ccident, illness, or death occu g sent home at parent/guard	ield trip shall be deemed to have urring during or by reason of the lian's expense. Field trips are
		ire hereon, parent/guardian wai arm including injury or death.	ves liability against	the school and acknowledge	s that the trip and its activity(s)
		XAuthorized Si	gnature of Parent of		
			8		
		Printed Name	e of Parent or Guard	ian Date	
Check this sh		ot participate in Activity num	ber: (1) [Pleas	e provide details and an e	xplanation on the back of
		Student Name:			
		Home Address:			
		Parent/Guardian Home F	Phone No.:		
		Parent/Guardian Work P	Phone No.:		
		Emergency Contact Phon	ne No.:		
		X			
		XAuthorized Signature of Par	rent or Guardian		
		Parent or Guardian's Name	(please print)		
		Date:			
1 1		NSTRUCTIONS FOR SPECIAL	MEDICAL TREATI	MENT AND/OR OVER-THI	E-COUNTER MEDICATION
— FOR T	HE STUDENT ARE	ON FILE IN THE SCHOOL.			