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

To the Principal of: Sierra Academy of Expeditionary Learning has my permission to participate in fieldwork at **Nevada County Madelyn Helling Library** in Nevada City. **Date/Time:** Wednesday December 11th, 2019 from 9:30am until 12:30pm Address: 980 Helling Way, Nevada City, CA 95959 Supervising Teacher (please print): Ms. O'Shea, Mr. Duckworth, Ms. Airey (1) Students will walk from SAEL to the Madelyn Helling Library to engage in the presentation and display of their Final Products. Method of Transportation: _X_ Student is **Walking** __ Student will ride on Bus ____ Student will ride in **Private Vehicle** ____ Other: Students will be riding in vehicles driven by approved SAEL drivers to and from the fieldwork if needed. Individual students may be dropped off and picked up directly at the fieldwork location if pre-arranged with Mr. Berry. 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. Authorized Signature of Parent or Guardian Printed Name of Parent or Guardian Date Check here if child may not participate in the Activity. Student Name: Home Address: Parent/Guardian Home Phone No.: Parent/Guardian Work Phone No.: Emergency Contact Phone No.: 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.