

## 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 **Hirschman's Pond**  
(Student Name: please print)

in Nevada City on Tuesday, October 29<sup>th</sup>, 2019.

**Start time:** 9:20am (SAEL)

**Finish time:** 4:30pm (Students walk back to SAEL for dismissal)

**Location:** Indian Flat Rd, Nevada City, CA 95959

**Supervising Teachers:** Ms. O'Shea, Mr. Berry

General Activity(s) to be included:
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(1) Students will be engaging in a service day. This means student will be walking across varied terrains off trail, using hand tools, and walking along public roads. Students will also be meeting and working with experts from Sierra Streams.

Method of Transportation:     Student is **Walking**                      \_\_\_\_\_ Student **will ride on Bus**

\_\_\_\_\_ Student will ride in **Private Vehicle**    \_\_\_\_\_ Other: \_\_\_\_\_

**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                      Date

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

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.