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

To the Principal of: Sierra Academy of Ex	peditionary Learning		
		has my permission to	
(Student Name: please prin	ıt)		
participate in fieldwork at the Mineral B 17th, through Friday, September 20th 2		Crew Orientation on Tuesday Septemb	er
Start time: 9:20am - Tuesday September Finish time: 1:00pm - Friday September		. on the bus)	
Supervising Teacher (please print): Mr. B	Berry, Ms. James, Ms. N	IcCaffrey, Mr.Bird, Mr. Geraldo	
(1) Students will be camping, hiking, boulde cooking, using stoves, engaging in vigorous trail, participating in CREW games, being postudents can be exposed to ticks, mosquito	s activities on uneven gro resent for evening camp	ounds, hiking along a public road to accest fires, filtering water, and walking over a br	
Method of Transportation: Stud	dent is Walking	X_ Student will ride on Bus	
Stud	dent will ride in Private \	/ehicle Other:	
illness, or death occurring during or by reason of in student being sent home at parent/guardian's school at parent/ guardian's request. ASSUMPTION OF RISK: By signature hereof the trip and its activity(s) may expose the studenty	expense. Field trips are vo	luntary and a privilege; student may remain in it is	n
V			
Authorized Signature of Parent or Guardian			
Printed Name of Parent or Guardian	Date		
Student Name:		······································	
Home Address:		-	
Parent/Guardian Home Phone No.:		-	
Parent/Guardian Work Phone No.:		· · · · · · · · · · · · · · · · · · ·	
(continued next page)			

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.	

Check here if child **may not** participate in Activity number: (1) [Please provide details and an

explanation on this sheet.