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

To the Principal of: Sierra Academy of Expeditionary Learning	
h	nas my permission to participate in fieldwork at Yosemite
(Student Name: please print)	
National Park and Pinnacles National Park.	
Start Date: Monday, October 7 th , 2019 Start time: 9:00am @ SAEL	
Finish Date: Friday, October 11 th , 2019 Finish time: 4:00pm @ SAEL (approximately)	
Address: Highway 140 East, Yosemite Valley, 500 Hwy 146, and Pinna Supervising Teacher: Mr. Berry, Ms. Beck .	cles National Park @Pacinies, CA 95043.
 Students will be engaging in vigorous physical activities including hiking on unrunning, playing, hiking, moving on diverse surfaces, including caves, and sleeping Students will be in areas prone to ticks, mosquitoes, poison oak, and wild anim 	g on the ground in Mids and tents in public campgrounds.
Method of Transportation: Student is Walking St	udent will ride on Bus
X Student will ride in Private Vehicle drivers to and from the fieldwork if needed. Students will be carpooling back and f SAEL drivers if needed.	_X_ Other: Students will be riding in vehicles driven by approved SAEL forth with SAEL parents and teachers who are registered and approved
PARENTS, PLEASE NOTE: Section 35330 of the California Education Code states in against the district, charter school, or the State of California for injury, accident, illness, or d student to comply with rules may result in student being sent home at parent/guardian's exparent/ guardian's request.	eath occurring during or by reason of the field trip or excursion." Failure of

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 i	n Activity number: (1)	(2) [Please provide details	s and an explanation on the back of this sheet]
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.