

**PARENT'S OR GUARDIAN'S PERMISSION FOR FIELDWORK  
AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of Sierra Academy of Expeditionary Learning (Student Name): \_\_\_\_\_  
has my permission to participate in Sierra Roots Lunch Service

**Dates:**

Thursday, Feb. 20th, Thursday, Feb 27th, Thursday, March 5th, Thursday, March 12th, Thursday, March 19th, Thursday, April 2nd, Thursday, April 16th, Thursday, April 23rd, Thursday, 30th, Thursday, May 7th, Thursday, May 14th, and Thursday, May 21st, 2020

**Location:**

The First Baptist Church, 300 Main St, Nevada City, CA 95959

**Supervising Teachers:** Mr. Young

**Specific activities:**

1. Students will walk from SAEL to the First Baptist Church and back. Students will be in an urban area interacting with members of the public, crosswalks, sidewalks, curbs, intercessions and other such infrastructure.
2. Students will interact with members of the community that are experiencing homelessness.

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

**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

X \_\_\_\_\_  
Printed Name of Parent or Guardian    Date

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

\_\_\_\_\_  
Parent or Guardian's Name (please print)

\_\_\_\_\_  
Authorized Signature of Parent or Guardian

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.