

**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 the **Vallejo Charter School** at 2833 Tennessee Street, Vallejo, CA, 94591.
(Student Name: please print)

Date: Thursday, December 5th 2019.
Start time: 8:30am @ SAEL
Finish time: 4:30pm @ SAEL (approximately)
Address: 2833 Tennessee Street, Vallejo, CA, 94591
Supervising Teacher : **Ms. Scheder**

General Activity(s) to be included:

1. Students will be attending the Vallejo Charter School to conduct a college fair to 8th grade Vallejo students.
Method of Transportation: ___ Student is **Walking** ___ Student **will ride on Bus**
___**X** Student will ride in **Private Vehicle** ___**X** Other: Students will be riding in vehicles driven by approved SAEL drivers to and from the fieldwork if needed. Students will be carpooling back and forth with SAEL parents and teachers who are registered and approved SAEL drivers if needed.

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 MEDICATION FOR THE INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER STUDENT ARE ON FILE IN THE SCHOOL.