

**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  
(Student Name: please print)

**Location:** Grass Valley Library  
**Start time:** Friday, February 2 at 9:00 am  
**Finish time:** Friday, February 2 at 11:30 am

Supervising Teachers (please print): Marika Beck and Hugo Diaz



(1) Students will walk to the downtown Grass Valley Library to take a tour of the library, learn about all the resources and services provided by our local library, and receive a library card so they can access library resources to promote academic success and personal interest and engagement with reading. **Attached to this waiver is an application for a library card. The application must be completed by the student's parent/guardian and returned with this waiver in order for the student to be able to check out library materials.**

Method of Transportation:   x   Student is **Walking**

**PARENTS/GUARDIANS, 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]

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.