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 NID Board
(Student Name: please prin	t)
Meeting on February 14th at th	ne NID offices @ 1036 West Main Street, Grass Valley, CA 95945.
Start time: 9:00am Finish ti	me: 12:00pm
Supervising Teacher (please print): Mr. Millar, Ms. Beck
Activity(s) public meeting on uneven term	rill be attending the local NID monthly Board meeting in Grass Valley. Students will be attending a g with members of the general public. Students will then be walking back to SAEL on public roads rain navigating traffic. ansportation: _X_ Student is Walking Student will ride on Bus
Morau and a second	
Stude	ent will ride in Private Vehicle Other:
waived all claims against the district, ch field trip or excursion." Failure of stude	5330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have arter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the nt to comply with rules may result in student being sent home at parent/guardian's expense. Field trips are remain in school at parent/guardian's request.
ASSUMPTION OF RISK: By signature may expose the student to potential har	e hereon, parent/guardian waives liability against the school and acknowledges that the trip and its activity(s) m including injury or death.
	X
	XAuthorized Signature of Parent or Guardian
	Printed Name of Parent or Guardian Date
Check here if child may not the back of this sheet]	participate in Activity number: (1) (2) (3) [Please provide details and an explanation on
AUTHORIZATION FOR	Student Name:
MEDICAL CARE	
If it becomes necessary for my child to have medical care while	Home Address:
participating in this trip, I hereby	Parent/Guardian Home Phone No.:
give school personnel permission to use their judgment in obtaining medical care for the	Parent/Guardian Work Phone No.:
child, and I give permission to the physician selected by school	Emergency Contact Phone No.:
personnel to render medical care	v
deemed necessary and appropriate by the physician. I understand that the school	XAuthorized Signature of Parent or Guardian
carries student accidental injury insurance in an amount limited to	Parent or Guardian's Name (please print)
\$50,000 (applies excess of family	
health insurance if applicable.)	Date:
PLEASE CHECK HERE IF INS FOR THE STUDENT ARE ON	STRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FILE IN THE SCHOOL.