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

(Student Name: please print)

Mathis Pond in Alta Sierra on January 26th, February 9th, March 2ndth, April 6th, and May 22nd.

Start time: 9:00amFinish time: 1:30pm (finish time on May 22nd is 4:07pm)Supervising Teacher (please print): Mr. Dale Berry, Ms. O'Shea

General
Activity(s)
to be(1) Students will be working at Mathis Pond, 14865 Dog Bar Rd, Alta Sierra, Corner of Dog Bar Road and Alta
Sierra Drive. Students will also be using kayaks to fix turtle basking platforms and conduct water tests. Students
will also be using sharp tools, such as pickaxes and machetes, to remove invasive species such as thorny
blackberries. Students will be working in and around the water and thick mud. This includes navigating uneven
terrain.

Method of Transportation: ____ Student is Walking ____ Student will ride on Bus

Х

___X_ Student will ride in **Private Vehicle ____x_** Other: _Students may also ride to and from Mathis Pond in SAEL approved driver vehicles, including SAEL staff, if needed. There will be no BUS from SAEL. Please see cover sheet.

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.

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