

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

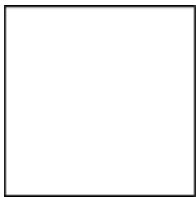
To the Principal of: Sierra Academy of Expeditionary Learning

_____ has my permission to participate in fieldwork along the Pacific Crest Trail and at Peter Grubb Hut from Tuesday, April 3rd to Thursday April 5th, 2018.
(Student Name: please print)

Start Date: Tuesday, April 3rd, 2108
Start Time: 8am drop off at SAEL

Finish Date: Thursday, April 5th, 2018
Finish time: 4:10pm at SAEL

Supervising Teacher include: **Mr. Young, Ms. O'Shea, Mr. Parkhouse, Mr. Berry**



1. Students will be engaging in vigorous physical activities. Activities include backpacking, cooking on small stoves with propane fuel, cooking with boiling water, hiking up to mountain summits, sleeping in tents and MegaMids in cold temperatures, digging and sleeping in snow quinzee shelters, hiking across wet and slippery terrain, and snow shoeing in soft and firm snowpacks.

Method of Transportation: ___ Student is **Walking** **_X_ 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) (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

X _____
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.

