

Waiver and Medical Authorization for Field Trip or Voluntary Excursion

ADULT PARTICIPANTS

This form is to be completed by adult participants (non-district employees) for a specific field trip.

PLEASE COMPLETE AND RETURN TO THE SPONSORING TEACHER.

Name: _____

Destination: _____ Cost to Adult : \$ _____

Mode of Transportation: _____ Driver(s): _____
District Vehicle/ Private Vehicle District Employee / Volunteer Parent/Guardian

Departure Date and Time: _____

Return Date and Time: _____

Sponsoring Teacher: _____

I am aware that during any field trip or excursion certain dangers may occur, including, but not limited to, the hazards of accidents or illness in places without medical facilities; hazards created by the forces of nature, and hazards of travel by air, train, bus, automobile, and other means, including walking.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in the California Education Code Section 35330, I understand that I may assume all of the above-mentioned risks, will hold the Carmel Unified School District, its officers, agents and employees, harmless from any and all liability or claims whatsoever, which may arise out of or in connection with a trip or participation in any activities arranged for the participant by the Carmel Unified School District. The terms thereof shall serve as a release and assumption of risk for my heirs, executor, and administrators and for all members of my family.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. I also understand that the belongings and luggage participants may be subject to inspection by non-aggressive dogs specially trained to detect illegal substances. Any violation of these rules and regulations may result in that individual being sent home at his/her expense.

Signature

Date

Phone Number

Address

Zip Code

Family Medical Insurance Carrier

Policy Number

Emergency Contact Numbers		
Name	Phone	Relationship