

Shasta County Office of Education

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION - ADULT

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

As stated in California Education Code Section 35330, I understand that I waive all claims against the Shasta County Office of Education, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the Shasta County Office of Education, its officers, agents or employees.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Signature

Date:

Address

Phone

Medical Insurance Carrier

Policy No.

Address

In the event of illness or accident, please notify:

Name

Phone

Address

If there are any special medical problems, kindly attach a description of the problem to this sheet.
Thank you.