



## SANTA CRUZ CITY SCHOOLS

### VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION - ADULT

Kindly complete, sign and return this form to: \_\_\_\_\_ (School)

Name of District: Santa Cruz City Schools

Destination: \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

As stated in California Education Code Section 35330, I understand that I hold the Santa Cruz City Schools District, its officers, agents and employees harmless from any and liability or claims arising out of or in connection with my participation in this activity.

In the event of any 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.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier Policy No. Address

In the event of illness or accident, please notify:

Name Address Phone

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

Thank you.