

SCHOOL DISTRICT

**PARTICIPATION OF DISTRICT VOLUNTEER IN FIELD TRIP ACTIVITY
ASSUMPTION OF RISK –WAIVER AND
MEDICAL TREATMENT AUTHORIZATION**

Name of Volunteer: _____

Destination/Nature of Field Trip: _____
(Please be specific)

Purpose of Your Attendance: (Chaperone, etc.) _____

Date: _____ Time: _____ to Date: _____ Time: _____

Method of Transportation: School Bus/Vehicle Walking Other: _____

By my signature below, I request permission to participate in the above described activity. I acknowledge that the activity is voluntary and could lead to illness, and/or injury or death and I assume such risks. As provided in the California Education Code, Section 35330, I further agree to hold the _____ School District (District), its Board, officers, employees and agents harmless and waive any and all claims against the District arising out of or in connection with my participation in this field trip.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/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 my responsibility.

Signature of Volunteer Date

Address: Number Street Work () _____

City State Zip Code Home () _____

Health Insurance Company: _____ Policy Number: _____
(e.g., Kaiser)

In the event of illness or accident, please notify:

Name: _____ Relationship: _____

Address: Number Street Work Phone () _____

City State Zip Code Home Phone () _____

If there are any special medical instructions, please attach an explanation to this sheet and check appropriate box.

- Instructions attached
- No instructions attached