



**ADMINISTRATIVE REGULATION
EXHIBIT**

E 6153 (E)

**ADULT VOLUNTARY EXCURSION/FIELD TRIP WAIVER NOTICE AND
MEDICAL AUTHORIZATION**

DISTRICT SCHOOL/CLASS ACTIVITY: _____

DISTRICT PERSON IN CHARGE: _____

DESTINATION: _____

DEPARTURE DATE AND TIME: _____

RETURN DATE AND TIME: _____

As stated the California Education Code Section 35330, I understand that I hold the TEMECULA VALLEY UNIFIED SCHOOL DISTRICT, its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity.

Health Insurance Company

Policy Number

Signature

Date

Address: _____

Telephone Number

In the event of illness or accident, please notify:

Name

Telephone Number

Address: _____

IF THERE ARE ANY SPECIAL MEDICAL PROBLEMS, KINDLY ATTACH A DESCRIPTION OF THE PROBLEM TO THIS FORM. THANK YOU.

ALL BLANKS TO BE FILLED IN