Happy Valley Union Elementary School District

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION - ADULT

Name:_____

Destination:_____

Departure Date & Time:_____Return Date & Time_____

As stated in California Education Code Section 35330, I understand that I hold the Happy Valley Union Elementary School District, its elected or appointed officials, employees, agents and volunteers harmless from any and all liability or claims, which may arise 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. I understand that the resulting expenses will be my responsibility.

Name:_____Signature:_____

Date:_____

Address:_____

Phone:_____

In the event of illness or accident, please notify:

_____

Name Address Phone

Medical Insurance Carrier _____

Policy No:_____

Address:_____

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

Thank you.

2024