

Bella Vista 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 Bella Vista 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 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: _____

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.