



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

Name of School: _____

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

As stated in California Education Code Section 35330, I understand that I waive all claims against the Ukiah Unified School District, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the Ukiah Unified School District, its officers, agents or employees.

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.

Print Name of Adult: _____

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.