

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 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.