

CHICO UNIFIED SCHOOL DISTRICT
1163 E. Seventh Street
Chico, CA 95928
530-891-3000

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

Destination: _____

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

As stated in California Education Code Section 35330, I understand that I hold Chico Unified 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	(Relationship)	Address	Phone
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Medical Insurance Carrier _____
Policy No. _____
Address: _____

IMPORTANT MEDICAL INFORMATION IN THE EVENT OF EMERGENCY:

