

Murrieta Valley Unified School District

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

*To be completed by adult (including adult students) and collected/maintained by teacher / trip organizer*

Adult's Name: \_\_\_\_\_

Activity (e.g.; "Field trip"): \_\_\_\_\_

Destination: \_\_\_\_\_

Departure date and time: \_\_\_\_\_ Return date and time: \_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

**As stated in California Education Code Section 35330, I agree to hold Murrieta Valley Unified School District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.**

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in my being sent home at my own expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Birth date: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Subscriber's ID #: \_\_\_\_\_

In the event of illness or accident, please notify:

Name: \_\_\_\_\_ Relation, if any: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

Any information we should be aware of: \_\_\_\_\_

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