



EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION

Name of District: Allan Hancock Joint Community College District

Activity/Class: _____

Advisor/Instructor: _____

Destination: _____

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

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand that I hold the Allan Hancock Joint Community College District, its officers, agents and employees harmless from any and all liability or claims arising out of or in connection with my participation in this activity.

Transportation: Students are responsible for their own transportation unless otherwise advised in writing. Therefore, the college assumes no liability or responsibility.

The Undersigned also understands that he/she is to conduct him/herself in a responsible manner and shall abide by the California State Education Code and Allan Hancock College policy which prohibits alcoholic beverages or illegal substances being consumed during a college activity regardless of the student's age.

In the event of any 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: _____

Medical Insurance Carrier

Policy No

Address

In the event of illness or accident, please notify:

Name & Relationship

Address

Phone

If there are any special medical problems, kindly attach a description of the problem to this sheet.