



HARTNELL COMMUNITY COLLEGE DISTRICT

VOLUNTARY FIELD TRIP / EXCURSION FORM

STUDENT EMERGENCY MEDICAL AUTHORIZATION

NAME (print) _____ ACTIVITY _____

DESTINATION _____ DATES _____

I understand that pursuant to the California Code of Regulations, Subchapter 5, Section 55450, that participating in voluntary field trip(s)/excursion(s), I am deemed by law to hold harmless the District, its officers, agents, and employees from any and all liability or claims arising out of or in connection with my participation in this activity. I further understand that participation in a field trip/excursion is completely **voluntary**.

EMERGENCY CONTACT:

Name _____ Phone: (W) _____

Address _____ Phone: (H) _____

In the event of any illness or injury, I hereby authorize and consent to examination and treatment as deemed necessary for my safety and welfare. It is understood that I will be responsible for the resulting expenses. I agree to advise the District in writing of any medical, physical or health condition that may be affected or in any way be jeopardized by participating in a specific field trip/excursion.

Medical Insurance Carrier _____ Policy No. _____

Insurance Address _____ Phone No. _____

No Personal Medical Insurance

STUDENT TRANSPORTATION ACKNOWLEDGMENT & RELEASE

Although the District is providing student transportation I **do not** wish to utilize the transportation provided.

I understand and accept that for good and sufficient reasons, the District **is not** providing student transportation to and from the activity described above and acknowledge and understand the following:

that unless specifically advised otherwise, the District is not providing the transportation, and it is my responsibility to arrange my transportation to and from the activity. I acknowledge that I will be responsible for my own transportation at my own expense as an individual or with other students. I will, in no respect, rely on the instructor or other District employees for direction, supervision, selection, or coordination of my transportation, travel times or routes. I understand that it is optional to accept any recommendations or travel assistance. It is further understood that neither I, the driver, nor the provider of transportation is acting as an officer, employee, agent or on behalf of the District, and that the District has not verified the driving record of the driver, the liability insurance on the vehicle or the condition of the vehicle.

The District **is** providing student transportation and this signed documentation is proof of my participation.

I understand that the District does not assume liability for any injury resulting from my transportation. I fully acknowledge and agree that the District cannot and will not be responsible for my needs or wellbeing when I am not under the direct supervision of District personnel during the activity or while being transported to or from the activity.

Student Signature: _____ Date: _____

Address: _____ Phone: _____

If student is under 18 years of age, this form must be read and signed by parent or guardian.

Signature of Parent or Legal Guardian

Date