



VICTOR VALLEY COMMUNITY COLLEGE DISTRICT
Voluntary Excursion/Field Trip Waiver Notice and Medical Authorization
(MINOR- under 18)

PLEASE PRINT OR TYPE ALL INFORMATION, EXCEPT SIGNATURE

Activity: _____

Destination (City/State): _____

Departure Date/Time: _____ Return Date/Time: _____

Dear Parent/Guardian:

Kindly complete the information below, sign and have your student return the form to their faculty/staff advisor for this designated activity.

_____ has my permission to participate in the voluntary activity listed above.

(Print Name of student)

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 I that individual being sent home at the expense of his/her parent/guardian.

As stated in California Education Section 72640, I understand that I hold the Victor Valley Community College District, it's officers, employees, and agents harmless from any and all liability and claims arising out of or in connection with my child's participation in this activity.

In the event of any illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that the resulting expenses will be the responsibility of the participant.

PARENT/GUARDIAN SIGNATURE: _____ Date Signed: _____

Address: _____

Telephone: _____

Health Insurance Company/Policy #/Phone # _____

STUDENT'S SIGNATURE: _____

Special Note: Check here _____ if there are **NO special problems that staff should be aware of and NO medications that are required on this trip.**

(1) If any medications are to be taken by the student, please list them on back of this form (Name of medication and reason taken)

(2) Any medications must be in original containers w/dispensing instructions clearly labeled

(3) All medications, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

(4) Con-currently enrolled students with an IEP please bring a copy of the amendment to accommodate for this activity.

WHEN COMPLETED SUBMIT TO ADMINISTRATIVE SERVICES