

Mill Valley School District

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

Destination: _____

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

As stated in California Education Code Section 35330, I understand that I hold the Mill Valley School 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.

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.

Name (please print) _____

Signature: _____ Date: _____

Address: _____ Phone: _____

Medical Insurance Carrier Policy No. Address

In the event of illness or accident, please notify:

Name Address Phone

If there are any special medical conditions, kindly attach a description of the condition to this sheet. Thank you.