

**PACIFIC COLLEGIATE SCHOOL
VOLUNTARY FIELD TRIP /EXCURSION NOTICE
AND MEDICAL AUTHORIZATION – ADULT CHAPERONE**

Dear Chaperone,

Please complete this form and return to the School office.

Destination: _____

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

As stated in California Education Code Section 35330, I understand that I hold Pacific Collegiate School, its officers, agents and employees, and the State of California harmless from any and all liability or claims for injury, accident, illness or death which may arise out of or in connection with my child's participation in this activity.

In the event of 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 my responsibility.

Printed Name: _____

Signature: _____ Date: _____

Address: _____

Phone: _____

Medical Insurance Carrier: _____

Medical Insurance Carrier Policy Number: _____

Medical Insurance Carrier Phone Number: _____

In the event of illness or accident, please notify:

Name: _____ Day phone: _____

Evening Phone: _____ Cell phone: _____

Address: _____

If you have any special medical problems, attach a description of the problem to this sheet, or list here: _____
