

Santa Monica Community College District

EXCURSION/FIELD TRIP INDIVIDUAL FORM

Program: _____

Activity: _____

Class/Group: _____

Supervising Academic Employee: _____

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

All participants complete Sections A and B:

A. WAIVER

B. MEDICAL AUTHORIZATION

Also complete Section(s) C and/or D if applicable:

C. MINOR

A. WAIVER

As required by Title 5, Section 55220 of the California Code of Regulations, I understand and agree that I shall hold the Santa Monica Community College District, its Board of Trustees, officers, agents, representatives, employees, volunteers, and permissive users of District vehicles harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my participation in this activity, including injuries, accident, illness or death.

If my participation in this activity results in any liability, claims, causes of action, or demands against the Santa Monica Community College District, its Board of Trustees, officers, agents, representatives, employees, volunteers, and permissive users of District vehicles, I agree to defend and indemnify the District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles in such an action.

In the event of any illness or injury while participating in the activity listed above, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

If I provide my own transportation or ride with another student, it is fully understood that the Santa Monica Community College District, its Board of Trustees, officers, employees, agents, representatives or volunteers is in no way responsible nor assumes liability for any injuries, losses, claims or actions resulting from, arising out of or incident to the non-District transportation. I understand that although the District may recommend travel time and/or routes to and/or from this event, that such recommendations are not mandatory and do not in any way constitute District sponsorship of or responsibility for my transportation. I also understand that the driver is not driving as an agent of or on behalf of the District.

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 in my being sent home at my own expense and may result in disciplinary action.

My signature on this document acknowledges that I have read and understand the above provisions and agree to abide by these terms.

Participant's Name (Please Print) _____

Signature of Adult Participant or of
Parent/Guardian on behalf of Minor Participant _____

Date _____

Address _____

Phone # _____

B. MEDICAL AUTHORIZATION: In the event of any illness or injury while participating in the activity listed in Section A, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

Participant's Name (Please Print)	Signature of Adult Participant or of Parent/Guardian on behalf of Minor Participant	Date

Participant's Medical Insurance Carrier	Policy #

Medical Insurance Carrier Address	Medical Insurance Carrier Phone

PRIMARY CONTACT in the event of illness, accident, or other emergencies, please notify:

Name (Please Print)	Address	Phone #

ADDITIONAL EMERGENCY CONTACT INFORMATION:

Name (Please Print)	Address	Phone #

Name (Please Print)	Address	Phone #

☐ **Medical Condition:** Check here if you have a special medical condition and attach a description of that condition to this sheet.

C. MINOR (For students under 18 years of age, the parent or guardian completes this section in addition to Sections A and B; and C and D, where applicable.)

_____ has my permission to participate in the activity listed in Section A. **Participating Minor's Printed Name**

☐ Check here if there are no medical conditions that the staff should be aware of and if your son/ daughter is not required to use any drugs during this activity.

AND/OR

☐ **Drugs:** Check here if your son/daughter must take any drugs during the excursion/field trip and list them on this form or hereto attached. All drugs, except those which must be kept on the minor's person for emergency use, must be kept and distributed by District/College staff.

Name of drug and reason for use

I have read, understand and agree to all provisions of Section A: Waiver; Section B: Medical Authorization; Section E: Minor; and Sections C and D, as appropriate; as related to my son/daughter's participation in this activity.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date

Address	Phone #	Son's/Daughter's Date of Birth

After you have provided the information requested in this section and Sections A and B, please ask your son/daughter to return this form to the Supervising Academic Employee listed in Section A.

Signature of College Administrator Approving Completed Form	Date