

LOS MEDANOS
COLLEGE

EXCURSION/FIELD TRIP NOTICE & MEDICAL AUTHORIZATION

As stated in California Code of Regulations, Subchapter 5, Section 5540, I understand that I hold district, its officers, agents and employees harmless from any and all liability of claims arising out of or in connection with my 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 the responsibility of the participant.

Name of District: Contra Costa Community College District
Los Medanos College

Destination: UC DAVIS DISCOVER DAY **Departure Date & Time:** FRIDAY MARCH 15TH 2013 7:00AM
Return Date & Time: FRIDAY MARCH 15TH 2013 @ 5:00 PM

** DEPARTURE TIME/RETURN TIME IS SUBJECT TO CHANGE, THE TRANSFER CENTER WILL CONTACT THE PHONE NUMBER/E-MAIL ADDRESS YOU PROVIDE ON THIS FORM WITH ANY CHANGES THAT MAY OCCUR.

Medical Insurance Carrier	Address	Policy Number
---------------------------	---------	---------------

*If there are any special medical problems, please attach a description of the problem to this sheet.
* Please list any allergies such as food or medications

In the event of illness or accident, please notify:

Name _____	Phone _____
Address _____	Relationship _____

Student Signature _____ Date _____

Student Name (Print) _____
Student ID # _____
E-mail: _____
Address _____ Phone _____

LOS MEDANOS COLLEGE CODE OF CONDUCT AGREEMENT

Name: _____ Student ID: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Event: **UC DAVIS DISCOVER DAVIS DAY**

Date(s): **FRIDAY MARCH 15TH, 2013**

I understand that I am attending this fieldtrip as a representative of my Los Medanos College and that my expenses are paid in part by the college. I understand that I am expected to conduct myself in a responsible manner and agree to the following:

- ✓ I am currently enrolled at Los Medanos College.
- ✓ No unauthorized personal vehicles are permitted to be driven without the approval of the staff.
- ✓ I am aware that the California State Education Code and the policies of the Contra Costa Community College District prohibit possession or use of alcoholic beverages or any controlled substance during the college function, regardless of attendee's age. (Prescriptions should be registered when turning in your application, for your own protection).
- ✓ I understand that no inappropriate behavior will be permitted, nor any behavior that would endanger the undersigned or others. I also understand that I am responsible for any damages I cause to any facility while attending this conference.
- ✓ I agree I will not invite any outside visitors to participate in program activities without having obtained prior approval from my advisor.
- ✓ I understand that this activity is an official college field trip and that I am required to attend all possible work sessions.
- ✓ I understand that any infraction may result in possible disciplinary action and may result in immediate dismissal from the activities and that I will then become responsible for making other arrangements for my return to the college.
- ✓ All participants must stay within the designated areas announced.
- ✓ Any exceptions must be approved by the advisor one (1) week prior to the event date.
- ✓ I understand that if any of the aforementioned conditions are broken, I will be removed from the program activities and placed under observation by a member of the college staff and disciplinary action according to Los Medanos College Student Discipline and Suspension guidelines will be enforced.

By signing this form, I understand that I must abide by this Code of Conduct Attendance Agreement Form and must turn it in by **WEDNESDAY, MARCH 13TH 2013** before 4:00 PM

Student Signature: _____

Date: _____