

LOS MEDANOS COLLEGE

EXCURSION/FIELD TRIP NOTICE & MEDICAL AUTHORIZATION

This form needs to be completed prior to departure and submitted to the Office of Student Life. Copies should be made and kept with the College Chaperone at all times during excursion/fieldtrip.

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
Campus: Los Medanos College

Last Name		First Name	
LMC Student ID:	Student Email		
Address		Phone Number	
Purpose of Excursion/Field Trip		Date of Excursion/Fieldtrip	
Time of Departure:		Time of Return:	
Medical Insurance Provider		Policy Number	
LMC Employee Chaperone		Phone Number	Email
Student Signature		Date	

**If there are any special medical conditions or needs, please attach a description to this sheet.*

In the event of illness or accident, please notify:

Name _____ Phone _____

Address _____
 _____ Relationship _____
