



SANTA CRUZ CITY SCHOOLS  
**VOLUNTARY EXCURSION/FIELD TRIP NOTICE  
AND MEDICAL AUTHORIZATION**

*To be completed by School Staff:*

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Method Of Transportation: \_\_\_\_\_ Person In Charge: \_\_\_\_\_

*To be completed by Parent:*

Student's Name \_\_\_\_\_ Teacher/Home Room \_\_\_\_\_

Emergency Name & Telephone Number: \_\_\_\_\_

I understand that students continuing in this activity will be under the jurisdiction of Santa Cruz City Schools employees and are expected to comply with all regulations and directions given to them by the person(s) in charge.

In the event that my daughter/son/ward fails to comply with instructions of school officials, I will assume the responsibility for his or her return to Santa Cruz. This expense will be assumed by me upon notification from the Superintendent or his designated representative.

**SECTION I: WAIVER OF LIABILITY, INDEMNITY AGREEMENT AND CERTIFICATION**

As stated in California Ed Code Section 35330, I understand that I hold the Santa Cruz City School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. The undersigned assumes full responsibility for and risk for bodily injury, death, or property damage arising out of the participant's participation in the above activity.

**SECTION II: EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

**Permission to participate in the above mentioned program sponsored by Santa Cruz City Schools is given by myself and/or my minor child as shown above.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE