

San Mateo County Community College District
Field Trip/Excursion Waiver and Medical Authorization

Cañada College

College of San Mateo

Skyline College

(Description of Activity)

(Course Name and #)

(Department)

(Instructor)

(Destination)

(Start Date/Time)

(Return Date/Time)

I agree to abide by all rules and regulations governing my conduct during the trip. Any violation of these rules and regulations may result in my being sent home at my expense.

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. I understand that the resulting expenses will be my responsibility.

The undersigned hereby agrees to save and hold harmless SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT, its officers, agents, or employees from any and all costs, liability, damage or expenses (including costs of suit and expense of legal services) or, by reason of any illness, or any injury or death to persons or damage to property of any kind whatsoever, arising as a result of the activities involved in this field trip/excursion.

Student Signature

Printed Name

Date

Parent/Legal Guardian Name & Signature (Required if student is less than 18 years of age)

Address

Phone Number

Medical Insurance Carrier

Policy No.

Subscriber ID No.

In the event of an illness or accident, please notify:

Name

Address

Phone No.

(This signed FIELD TRIP/EXCURSION WAIVER AND MEDICAL AUTHORIZATION FORM must be on file with the appropriate College Division Office before a student will be allowed to participate in the above activity)