

LAKE ELSINORE UNIFIED SCHOOL DISTRICT
VOLUNTARY EXCURSION/FIELD TRIP NOTICE
AND MEDICAL AUTHORIZATION
ADULT CHAPERONE RELEASE FORM

I will be accompanying students of _____ School,
of the Lake Elsinore Unified School District, as a chaperone to:

Destination: _____

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

**In my capacity as chaperone,
I understand that I will be providing student supervision.**

As stated in California Education Code Section 35330, I understand that I hold the Lake Elsinore Unified School District, its agents and employees, harmless from any and all liability or claims, which may arise 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.

Signature

Date:

Address

Phone:

Medical Insurance Carrier/ Address

Policy No.

In the event of illness or accident, please notify:

Name

Address

Phone

If there are any specific medical problems, please attach a description to this sheet.