

PACIFIC GROVE UNIFIED SCHOOL DISTRICT

VOLUNTARY ACTIVITY/EXCURSION/FIELD TRIP RELEASE
AND MEDICAL AUTHORIZATION - ADULT

(To be completed by the adult prior to assisting as a volunteer on an activity, excursion, or field trip)

Volunteer Name: _____

Activity Coordinator (District Employee) Name: _____

Type of Activity: _____

Activity Location: _____

Start Date & Time _____ End Date & Time _____

I understand that participation in the above activity is voluntary and is not required as part of the regular school program.

As stated in California Education Code Section 35330, I understand that I hold the Pacific Grove Unified School District, its officers, agents and employees harmless from any and all liability or claims arising out of or in connection with my participation in this activity.

In the event of any 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 expense will be my responsibility.

Volunteer Signature Date

Address Phone

Medical Insurance Carrier Policy No. Address

In the event of illness or accident, please notify:

Name Address Phone

(If there are any special medical problems, kindly attach a description of the problem to this sheet.)

Activity Coordinator Signature (District employee) Date

Thank you.