

Las Positas College
Student Fieldtrip/Excursion Waiver and Medical Authorization Form

Student's Name: _____ Student ID #: W _____

Address: _____ Telephone #: _____

Title of Fieldtrip or Excursion: _____

Destination: _____

Start Date/Time: _____ Return Date/Time: _____

The student taking the fieldtrip or excursion shall be deemed to have waived all claims against the Chabot-Las Positas Community College District and any college district employee or representative for injury, accident, illness, or death occurring during or by any reason of the fieldtrip or excursion. All adults taking the fieldtrip or excursion and all parents/guardians of minor students taking the fieldtrip or excursion shall sign this statement waiving such claims. The student understands that the fieldtrip or excursion is voluntary. (California Code of Regulations, Title 5, Section 55450)

The student agrees to notify the chaperone of any limitation or accommodation that may be required to participate in the fieldtrip or excursion prior to the commencement of the activity. Furthermore, any medical prescription, medical treatment, allergies, or illness must be shared with the chaperone prior to the fieldtrip or excursion. Documentation may be required.

In the event of illness or injury, the student consents to x-ray examinations, anesthetic, medical, surgical, emergency medical transportation, hospital care or dental diagnosis or treatment from a licensed physician, surgeon, or dentist as deemed necessary for the student's safety and welfare. The student understands that resulting expenses may be his/her responsibility.

The student agrees to abide by all rules and regulations governing their conduct during the fieldtrip or excursion as defined by Las Positas College student conduct code and any additional rules and regulations of the sponsoring entity. Furthermore, the student agrees to participate in all fieldtrip or excursion activities unless excused by the chaperone, remain with the group at all times, adhere to all applicable federal and state laws including the consumption of alcohol, drugs, or other illegal substances regardless of age, adhere to curfew, and any additional restrictions decreed by the chaperone. Individuals not associated with the college or eligible to participate in the fieldtrip or excursion may not participate in any sponsored activity.

Any violation of the rules and regulations may result in the student being sent home prior to the conclusion of the fieldtrip or excursion at his/her expense, forfeiting participation in all fieldtrip or excursion activities, and/or being subject to student disciplinary action upon return to the college including, but not limited to, suspension or recommendation for expulsion from the Chabot-Las Positas Community College District including Chabot College and Las Positas College.

By signing below, I/we hereby certify that I/we have read and fully understand the above notice and do hereby give my/our consent for the student to participate in the fieldtrip or excursion.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Required if the student is under the age of 18 as of the commencement date and time of the fieldtrip or excursion

In the event of accident, illness, or emergency, please notify: _____

Relationship to student: _____ Telephone #: _____

Medical Insurance Carrier: _____ Policy #: _____