Las Positas College Student Field Trip/Excursion Waiver and Medical Authorization Form

<u>Instructions for Chaperone(s)</u>: Have all students complete this form. Carry forms during the entire field trip or excursion. At conclusion, submit forms to the sponsoring entity or division office. Forms will be kept on-file for at least one full calendar year from date of return.

Student's Name:	Student ID #: W
Address:	Telephone #:
Title of Field Trip or Excursion:	Destination:
Name of College Sponsoring Entity:	
Start Date and Time:	Return Date and Time:
District and any college district employee or representative field trip or excursion. All adults taking out-of-state field state field trips or excursion.	med to have waived all claims against the [Chabot-Las Positas Community College re] for injury, accident, illness, or death occurring during or by any reason of the trips or excursions and all parents or guardians of minor students taking out-ofons shall sign a statement waiving such claims." ode of Regulations, Title 5, Section 55220)
	n or accommodation that may be required to participate in the field trip or hermore, any medical prescription, medical treatment, allergies, or illness must rsion. Documentation may be required.
immediately, consents to x-ray examinations, anesthetic, m diagnosis or treatment from a licensed physician, surgeon,	ake a decision due to being unconscious and decisions need to be made nedical, surgical, emergency medical transportation, hospital care or dental or dentist as deemed necessary for the student's safety and welfare. The responsibility. Please initial one - I do consent I do not consent
College student conduct code and any additional rules and participate in all field trip or excursion activities unless excuapplicable federal and state laws including the consumption	verning their conduct during the field trip or excursion as defined by Las Positas regulations of the sponsoring entity. Furthermore, the student agrees to used by the chaperone, remain with the group at all times, adhere to all n of alcohol, drugs, or other illegal substances regardless of age, adhere to perone. Individuals not associated with the college or ineligible to participate in ored activity.
his/her expense, forfeiting participation in all field trip or ex	student being sent home prior to the conclusion of the field trip or excursion at xcursion activities, and/or being subject to student disciplinary action upon on or recommendation for expulsion from the Chabot-Las Positas Community Illege.
By signing below, I/we hereby certify that I/we have read a student to participate in the field trip or excursion.	nd fully understand the above notice and do hereby give my/our consent for the
Student Signature:	Date:
Parent/Guardian Print and Sign Name:	Date:ent date and time of the field trip or excursion. Confirm age with student participants.
In the event of accident, illness, or emergency, please notif	y:
Relationship to student:	Telephone #:
Medical Insurance Carrier: Optional information but may be needed if the student is unable to	Policy #: make a decision due to being unconscious and decisions need to be made immediately.