COACHELLA VALLEY UNIFIED SCHOOL DISTRICT
VOLUNTARY TRANSPORTATION/EXCURSION NOTICE
AND MEDICAL AUTHORIZATION ADULT/CHILD

Destination_____

Reason _____

Departure Date & Time_____ Return Date & Time_____

Name of Adult being transported_____ Allergies_____

_____

Medical Insurance Carrier Policy Number Address

Name Child being transported_____ Allergies_____

_____

Medical Insurance Carrier Policy Number Address

Name Child being transported_____ Allergies_____

_____

Medical Insurance Carrier Policy Number Address

Name Child being transported_____ Allergies_____

_____

Medical Insurance Carrier Policy Number Address

<u>As stated in California Education Code Section 35330</u>, I understand that I hold the Coachella Valley 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 or my child's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Signature_____

Address_____ Phone_____

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.