ALLAN HANCOCK COLLEGE

EXCURSION/FIELD TRIP NOTICE
AND MEDICAL AUTHORIZATION

Class Title & Course #: _____

Instructor's Name: _____

Destination: _____

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

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand that I hold the Allan Hancock Joint Community College 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.

Transportation: Students are responsible for their own transportation unless otherwise advised in writing. Therefore, the college assumes no liability or responsibility.

The Undersigned also understands that he/she is to conduct him/herself in a responsible manner and shall abide by the California State Education Code and Allan Hancock College policy which prohibits alcoholic beverages or illegal substances being consumed during a college activity regardless of the student's age. Participants who do not adhere to this conduct will be immediately removed and will not be allowed to participate in the activity. Any and all expenses incurred in said removal will be my responsibility.

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 expenses will be my responsibility.

All information must be filled in:

Signature: _____   Date: _____

Print Name: _____   Cell Phone: _____
(while on trip)

Address: _____

_____
Medical Insurance Carrier   Policy No.   Address

In the event of illness or accident, please notify:

_____
Name & Relationship   Address   Phone

If there are any special medical problems, please attach a brief description of the problem or write in the space below or on the reverse side of this form.