

Scotts Valley Unified School District
4444 Scotts Valley Drive, Suite 5B, Scotts Valley, CA 95066, (831) 438-1820 FAX: (831) 438-2314

<input type="checkbox"/> Brook Knoll Elementary School 151 Brook Knoll Drive Santa Cruz, CA 95060 (831) 423-2454 Fax (831) 429-8508	<input type="checkbox"/> Vine Hill Elementary School 151 Vine Hill School Road Scotts Valley, CA 95066 (831) 438-1090 Fax (831) 438-4087	<input type="checkbox"/> Scotts Valley Middle School 8 Bean Creek Road Scotts Valley, CA 95066 (831) 438-0610 Fax (831) 439-8935	<input type="checkbox"/> Scotts Valley High School 555 Glenwood Drive Scotts Valley, CA 95066 (831) 439-955 5 Fax (831) 439-9501
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FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION - ADULT

Adult's Name: *(Please Print)* _____ Accompanying Teacher: _____

Field Trip/Excursion Destination: _____

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

As stated in California Education Code Section 35330, I understand that the Scotts Valley Unified School District, its agents and employees will be held harmless from any and all liability or claims that 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 safety and welfare. I understand that the resulting expenses will be the responsibility of the participant.

Signature: _____ Date: _____

Address: _____ Phone: _____

Cell: _____

Doctor: _____

Dr. Address: _____

Dr. Phone: _____

Medical Insurance Carrier: _____ Policy No. _____

Address: _____

In the event of illness or accident, please notify:

Name: _____ Relationship: _____

Address: _____ Phone/Cell: _____

If there is medical information about which we should be aware, please describe below.