



Administrative Procedure 4301 Waiver of Claims and Consent to Treatment

Waiver of Claims and Consent to Treatment

Division: _____ Class: _____ Faculty Member: _____

Field Trip Destination: _____

Departure:

Date: _____, 20____ Time: _____ a.m. p.m.

Depart From: _____

Return:

Date: _____, 20____ Time: _____ a.m. p.m.

Location of Return: _____

Mode of Transportation: _____

The undersigned student acknowledges receipt of this form providing notification of the above-described field trip(s). The undersigned student (check one): _____ will attend the field trip(s); _____ will not attend the field trip(s) and requests that the absence(s) be excused.

(Reasons for not attending must be explained: _____).

The District will provide free transportation to and from the destination. Students who do not use District-provided transportation shall not be permitted to participate in field trip activities, shall not receive credit for the field trip, and shall not be granted an excused absence from other classes missed.

Waiver of Claims

I voluntarily apply to go on the identified field trip(s) or excursion(s) and do hereby waive, relinquish, and agree not to pursue any claims, actions, or demands against San Joaquin Delta Community College District, its Trustees, officers, professors, supervisors, its agents, or other employees for injury, accident, illness, or death which may arise out of, or occur during or by reason of said field trip or excursion. This waiver is intended to apply to myself and any of my heirs, guardians, successors, or legal representatives. The undersigned student acknowledges that he or she has received this form, has read and understands it, and agrees to be bound by its terms.

Student Name (Please Print) _____

Student Signature _____

Dated: _____

Consent to Treatment

In case of medical emergency, the undersigned hereby authorizes College personnel to obtain emergency treatment from a physician, emergency care facility, hospital, paramedic unit, or from such other sources as may seem appropriate under the circumstances.

Student Name (Please Print) _____

Student Signature _____

Dated: _____

Name and Phone Number of Student's Regular Physician: _____ () _____ Address of Physician: _____

If student is under the age of eighteen (18) and has not been declared an emancipated minor, this form must be signed by the student's parent or legal guardian.

Name of Parent or Legal Guardian (Please Print) _____

Signature of Parent or Legal Guardian _____

Dated: _____

Phone Number of Parent or Guardian: (Day) _____ (Evening) _____