

Associated Students of Santa Monica Community College District

A.S. DIRECTORS or ICC CLUBS - INDIVIDUAL FORM for Excursions / Field Trips

(Use for Overnight trips or by Underage Students; submit this form with the A.S. FIELD TRIP PROPOSAL)

LUB / A.S.:		Student Name:	
upervising Full Time I	Faculty / Manager Employee:		Ext:
ield Trip to:		Address:	
Departure Date & Time:		Return Date & Time:	
Section A. Waiver:	for Overnight Trips, <u>All Students</u> must	complete this section	
Section B. Medical	Authorization: for Overnight Trips, All	Students must complete this section	
Section C. Minor: fo	or Day or Overnight- Students under 1	8 years of age, parent / legal guardian mus	st complete <u>all sections</u> of this form.
Community College I District vehicles harr with my participation If my participation in	District, its Board of Trustees, officers, nless from any and all liability, claims, n in this activity, including injuries, acconthis activity results in any liability, c	e of Regulations, I understand and agree the agents, representatives, employees, voluicauses of action, and demands related to, sident, illness or death. claims, causes of action, or demands againesentatives, employees, volunteers, and personness of action.	nteers, and permissive users of arising out of or in connection ast the Santa Monica Community
•	d indemnify the District, its Board of 1	Frustees, officers, agents, representatives,	-
anesthetic, medical,	surgical or dental diagnosis or treatm	the activity listed above, I hereby consented and hospital care from a licensed phy bood that the resulting expenses will be my	sician, surgeon, and/or dentist as
its Board of Trustees injuries, losses, claim the District may reco do not in any way c	, officers, employees, agents, represe s or actions resulting from, arising out ommend travel time and/or routes to	dent, it is fully understood that the Santa Mentatives or volunteers is in no way respons of or incident to the non-District transporand/or from this event, that such recommesponsibility for my transportation. I also	sible nor assumes liability for any tation. I understand that although endations are not mandatory and
· ·		es and regulations governing conduct duri my own expense and may result in discipli	= : :
My signature on this	document acknowledges that I have re	ead and understand the above provisions a	and agree to abide by these terms.
Signature of Adult	Student named above. Addres	ss, City, & Zip Code	Date
Underage Students	(17 years old and under) must have th	eir parent / legal guardian complete belov	v:
	/ legal guardian of the participant whelease and waiver.	o is under 18 years of age to whom the a	bove statements apply and I am
Parent/Legal Guardi	an Printed Name & Signature:		
Address	City	State & Zip Code	 Phone #

a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility. Participant's Name (Please Print) Signature of Adult Participant or of Date Parent/Guardian on behalf of Minor Participant Participant's Medical Insurance Carrier Policy # Medical Insurance Carrier Address Medical Insurance Carrier Phone PRIMARY CONTACT in the event of illness, accident, or other emergencies, please notify: Name (Please Print) Address Phone # ADDITIONAL EMERGENCY CONTACT INFORMATION: Name (Please Print) Address Phone # Name (Please Print) Address Phone # ☐ Medical Condition: Check here if you have a special medical condition and attach a description of that condition to this sheet. Section C. MINOR (For students under 18 years of age, the parent or guardian completes this section in addition to Sections A and B.) has my permission to participate in the activity listed in Section A. Participating Minor's Printed Name Check here if there are no medical conditions that the staff should be aware of and if your son/ daughter is not required to use any drugs during this activity. AND/OR ☐ Drugs: Check here if your son/daughter must take any drugs during the excursion/field trip and list them on this form or hereto attached. All drugs, except those which must be kept on the minor's person for emergency use, must be kept and distributed by District/College staff. Name of drug and reason for use I have read, understand and agree to all provisions of Section A. Waiver, Section B. Medical Authorization, and Section C. Minor as related to my son/daughter's participation in this activity. Parent/Guardian Printed Name Parent/Guardian Signature Date Phone # Address Son's/Daughter's Date of Birth After you have provided the information requested in this section and Sections A and B, please ask your son/daughter to return this form to the Supervising FT Academic/Mgr. Employee listed in Section A. Signature of College Administrator Approving Completed Form (Associate Dean of Student Life) Date

MEDICAL AUTHORIZATION: In the event of any illness or injury while participating in the activity listed in Section A,

I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from

Section B.