

Pomona Unified School District
800 South Garey Avenue
Pomona, CA. 91766

PARTICIPATION OF DISTRICT VOLUNTEER IN FIELD TRIP ACTIVITY
ASSUMPTION OF RISK AND
MEDICAL TREATMENT AUTHORIZATION

Name: _____

Destination/Nature of Activity: _____
(Please be specific, e.g. Concert at UCLA, Los Angeles, CA)

Purpose of your attendance: _____
(Chaperone, etc.)

Departure Date: _____ Time: _____ (AM/PM) Return Date: _____ Time: _____ (AM/PM)

Type(s) of Transportation
 School Bus/Vehicle Walking Other _____

As provided for in California Education Code Section 35330, I agree to hold the Pomona Unified School District ("District"), its board members, officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity. This waiver, however, shall not apply to any injuries or damages which arise solely out of the negligence of employees or agents of the District.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/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 the responsibility of the participant.

Signature

Date

Street Address

Home (_____) _____
Cell (_____) _____
Work (_____) _____

City, State Zip Code

Health Insurance Provider: _____ Policy# _____
(e.g. Kaiser, Blue Cross, etc.)

In the event of illness or accident please notify:

Name: _____ Relationship: _____

Street Address

Home (_____) _____
Cell (_____) _____
Work (_____) _____

City, State Zip Code

If there are any special medical instructions, kindly attach an explanation to this sheet and check appropriate box"

- Instructions attached
 No instructions attached

*Any Parent who uses a personal vehicle to transport any child (including his/her own child) on a school field trip is deemed a district volunteer and must fulfill all obligations to obtain volunteer clearance as well as application and all associated information to be a volunteer driver.