



FORM APPENDIX 7903.11C
OFF-CAMPUS ACTIVITY NOTICE, WAIVER,
AND MEDICAL AUTHORIZATION – ADULT
(To be completed by all adults participating in the activity.)

Event Information:

Name of Site/School: _____ Date of Activity: _____

Description of Activity: _____

As stated in the California Education Code Section 35330, I understand that I hold the Anaheim Union High School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity.

Rules for Adult Chaperones:

- ✓ All adults attending an off-campus activity and interacting with our students are **chaperones and are under the direction of the Advisor** who is in charge of the class or group they are accompanying. The Advisor will determine the schedule, chaperone group assignment, etc.
- ✓ Chaperones may ride on the bus. If they drive themselves in their own vehicle and are transporting their own child to the destination, they must complete a Transportation Exemption Form (APPENDIX 7903.14B).
- ✓ The rules of the school for students and adults apply on an off-campus as they do for the school grounds. All school rules are in place and enforced. Example: There is to be no smoking or the consumption of alcohol during the hours of the off-campus activity.
- ✓ Any incident of misbehavior by a child during an off-campus activity is to be reported to the Advisor who will deal with it and make appropriate referrals after the trip.
- ✓ All chaperones have the responsibility to intervene in any situation where the health and/or safety of any student is at risk.
- ✓ Siblings (other than the children in the class scheduled for the off-campus activity) are not allowed to attend the event, as this distracts the chaperone from their primary responsibility of supervising students.
- ✓ Parents who bring their non-student children to the event location may not act as chaperones, and are not considered as participating in the off-campus activity.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary for my safety and welfare in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that the resulting expenses are my responsibility.

Medical Insurance Carrier: _____ Medical Insurance Policy Number: _____

In the event of an illness or accident, please notify:

Contact Name: _____ Contact Phone Number: _____

I certify that I have read and understanding the notifications outlined above.

Signature: _____ Print Name: _____