Exhibit: 6153 c

## FIELD TRIP PARENT OR VOLUNTEER FORM

## ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

Name:					
Destination / Natur	re of Activity:	(Please be specific, e.g.	"Attend conce	ert at UCLA")	
Purpose of Your A	ttendance:				(Chaperone, etc.)
Departure Date:	Time:	Return Date:		Time:	
Method of Transpo	ortation:	School Bus   Walki	ng 🗆	Other:	
officers, employees participation in this	s, and agents harmless fro	de Section 35330, I agree to om any and all liability and o owever, shall not apply to a e District.	claims arising	out of or in con	nection with my
surgical diagnosis a	and/or treatment and hos	y consent to whatever x-ray, pital care from a licensed ph t the resulting expenses will	ysician and/or	surgeon as dee	med necessary for
Signature			Date		
	· ·		Work (	`	
Address:	Number, Street		WOIK (	)	
			Home (	)	
City	State	Zip Code		) <u></u>	
Health Insurance C	Company:	niser)	Po	licy #:	
	(e.g. Ka	aiser)			
In the event of illne	ess or accident, please no	tify:			
Name:			Relationshi	ip:	
		Wo	rk Phone: (	)	
Address:	Number, Street			,	
		Но	me Phone (	)	
City	State	Zip Code			
If there are any spe	cial medical instructions	, kindly attach an explanatio	n to this sheet	and check appr	opriate box.
☐ Instruc	tions attached				
☐ No inst	tructions attached				