

**SAN MARINO UNIFIED SCHOOL DISTRICT  
VOLUNTARY EXCURSION / FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION  
FOR ADULTS PARTICIPATING IN FIELD TRIPS**

School and Grade Level \_\_\_\_\_

Destination \_\_\_\_\_

Date of Field Trip \_\_\_\_\_

Departure Time \_\_\_\_\_ Approximate Return Time \_\_\_\_\_

As stated in California Education Code Section 35330, I understand that I hold the San Marino Unified School District, its officers, agents and employees harmless from any and all liability or claims arising out of or in connection with my participation in this activity.

In the event of any illness or injury, I hereby consent to whatever x-rays, examination, anesthetic, medical, surgical, or dental diagnosis 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 \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Medical Insurance Carrier                      Policy No.                      Address

In the event of illness or accident please notify:

\_\_\_\_\_  
Name    Phone Number

**\*\*\*PLEASE RETURN THIS FORM TO THE TEACHER\*\*\*  
\*\*\*IT GOES ALONG ON THE FIELD TRIP\*\*\***