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

School and Grade Level	and Grade Level	
Destination		
Date of Field Trip		
Departure Time	Appro	ximate Return Time
	nployees harmless from a	erstand that I hold the San Marino Unified School any and all liability or claims arising out of or i
surgical, or dental diagnosis or trea	tment and hospital care fr	whatever x-rays, examination, anesthetic, medical om a licensed physician and/or surgeon as deeme resulting expenses will be the responsibility of the
Signature		Date
Address		Phone
Medical Insurance Carrier	Policy No.	Address
In the event of illness or accident pl	lease notify:	
Name	P	hone Number

PLEASE RETURN THIS FORM TO THE TEACHER

IT GOES ALONG ON THE FIELD TRIP