## Sausalito Marin City School District

Voluntary Excursion/Field Trip Wavier and Medical Authorization-Minor

D	ear Parent/Guardian:				
K	indly complete and return a sig	gned copy of this form to			
		has my	permission to participate i	n the following ac	tivity:
D	Destination (place and city):				
Departure Date: Return		Return Date	:		
Departure Time:		Return Time	Return Time:		
st th st	n the event of illness or injurgical or dental diagnosisme attending physician, surtaff of the hospital or facility stated in the state of Callarin City School District	or treatment and hosp geon or dentist and pe ity furnishing medical lifornia Educational Co	pital care are considered performed by or under supor dental service.  Ode Section 35330, I unde	necessary in the beervision of a men	pest judgment of aber of a medical not the Sausalito
I t	hich may arise out of or infully understand that partifip. Any violations of these	icipants are to abide by	y all rules and regulations	s governing cond	_
pa	arent/guardians expense.				
Pa	arent/Guardian Signature	Address	Phone #	Cell #	Date
St	tudent Signature	Date of Birth			
M	ledical Insurance Carrier	Policy #	Physician Name	Physician Pho	one
A	special Note to Parent/G	uardian;			
<ol> <li>2.</li> <li>3.</li> </ol>	If your son or daughter has a special medical condition, kindly attach a description of the condition to this sheet. All medication must be kept and distributed by the staff (exceptions will be discussed with parent/guardian on an individual case basis.  Any and all medications which are prescribed to or will be taken by the student NEED to be listed below (name of medication, dosage, reason for medication:				
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