

**SAN MARCOS UNIFIED SCHOOL DISTRICT
VOLUNTARY EXCURSION/FIELD TRIP NOTICE
AND MEDICAL AUTHORIZATION**

(Download, print, review, sign, and upload)

Name of School Site: Mission Hills High School

Destination: Disneyland Anaheim CA

Departure Date & Time: June 13, 2025 & 8:00 AM Return Date & Time: June 14, 2025 @ 4:00 AM

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents or employees.

In the event of illness or injury, I hereby consent to whatever xray, 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.

By signing below, the undersigned acknowledges that participation in the above listed activity is strictly voluntary at my own request and is not required. I agree to hold harmless the San Marcos Unified School District, its officers, employees, representatives, agents, student and volunteers, including, but not limited to claims arising out of participation or any ordinary negligence. The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide for medical coverage for participants in this activity.

Student Name: _____

Task Position: MHHS Student

Guardian Name: _____

Guardian Signature: _____

Date: _____

Address: _____

Phone: _____

Medical Insurance Carrier

Policy No.

In the event of illness or accident, please notify:

Name

Address

Phone