

Salt Lake City School District  
I – 19 Form B (See Policy and Administrative Procedures)

Title: Overnight/Extended Trips or Activities  
Parent Approval for Student Overnight/Extended Trip or Activity

Index: I = Instructional Policies

_____	_____
Group requesting trip	School
_____	If private or rental vehicle:
Mode of transportation	Driver #1 _____
	Driver #2 _____
_____	_____
Date & time of departure	Date and time of return
_____	_____
Destination of trip	Sponsor/Teacher
Estimated maximum cost to student and/or parents: \$ _____	

A detailed itinerary and breakdown of costs are attached.  
Parent Certification - circle one: I (am) (am not) supportive of the proposal, and circle one: I (give) (do not give) permission for the below named student to participate in this trip. Use other side for any reason you care to give.

_____	_____	_____
Name of student participant	Home phone	Parent's daytime phone

Consent to participate

I give my consent for the above named student to participate in this proposed activity. I agree that if this student is involved in any use of tobacco, drinking of alcohol, abuse/use of drugs, illegal activities, or \*serious misbehavior he/she will be sent home on the next available transport. I agree that I will be financially responsible for all costs accrued for this return trip of student and sponsor. I will reimburse the Salt Lake City School District the full amount within ten days of this action.

Release of claims

I hereby release the Salt Lake City School District and its agents and sponsors from any claims for injury to the above named student which might occur during participation in this proposed activity.

_____	_____
Date	Parent or Guardian signature

\*Serious misbehavior includes shoplifting, vandalism, theft, leaving the established residence without permission, or any other activity as determined by the sponsor as serious or dangerous.

Authorization for medical treatment

I authorize the sponsor of this activity as my agent to consent to any necessary medical or dental treatment deemed necessary while on this trip. This authorization will remain effective until \_\_\_\_\_ (date)

\_\_\_\_\_  
Parent or Guardian signature

Medical information to be used as necessary

Health and accident insurance in force \_\_\_\_\_  
Company

\_\_\_\_\_  
Family physician name and phone number (optional)

If your child has any medical problems or special needs, please list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Failure to complete this form prior to the agreed upon time will deny this student the opportunity to participate in this activity.

Complete In Duplicate; Original to principal's office  
Copy to sponsor