

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

Index: I = Instructional Policies

Group Requesting Trip School: **EAST HIGH CHEER**

Mode of Transportation: **PARENT TRANSPORTATION**

If private or rental vehicle:

Driver #1 _____ Driver #2 _____

Date & Time of Departure **JULY 6TH, MEET AT
UofU at 9:30am**

Destination of Trip **UNIVERSITY OF UTAH-
UCA CHEER CAMP**

Date and Time of Return **JULY 9TH, CAMP
SHOULD CONCLUDE AROUND 12:30PM**

Sponsor/Teacher **TUESDAY SICILIANO**

Estimated maximum cost to student and/or parents:
\$284

A detailed itinerary and breakdown of costs are attached.

Parent Certification - circle one: I (**am**) (**am not**) supportive of the proposal and **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.

Complete In Duplicate - Original: Principal's Office; Duplicate: Sponsor

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 **JULY 9TH 2009**(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.

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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: Principal's Office; Duplicate: Sponsor

Approval Date: 7/2/02 Page 2 of 2

The Salt Lake City School District does not discriminate on the basis of age, color, disability, national origin, pregnancy, race, religion, or sex in its programs and activities. The following person has been designated to handle inquires regarding the non-discrimination policy: Kathleen Christy, Assistant Superintendent, 440 East 100 South, Salt Lake City, Utah 84111, (801)578-8251. You may also contact the Office for Civil Rights, Denver, CO, (303)844-5695.



Salt Lake City School District
Board Policy I-19 Form C-2

Title: Overnight/Extended Trips or Activities
Student Code of Conduct For Overnight/Extended Trip Or Activity

Index: I = Instructional Policies

School trips are an extension of the educational program. Students should conduct themselves as responsible citizens.

The following district policies apply:

- S-3 Student Discipline
- G-19 Non-Discrimination and Anti-Harassment for Students and Employees

Additionally, other serious misbehavior, shoplifting, vandalism, theft, leaving the established residence without permission, or any other activity determined by the faculty sponsor as serious or dangerous are also violations of this Code of Conduct.

I understand that violations of this Code of Conduct will result in sanctions imposed on me and may include my being sent home.

I understand that I or my belongings may be subject to search (if the faculty sponsor has reasonable suspicion to believe that the search will result in evidence that I violated the law or district and school policy).

I understand and agree to abide by all the provisions in this Code of Conduct as a condition of my participation in this activity.

Student Signature

Date

I understand and agree to support all the provisions of the Student Code of Conduct.

Parent or Guardian Signature Date

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, principal's office and duplicate, sponsor

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