

Salt Lake City School District Career & Technical Center
Please complete this form by circling "yes or no" to the statements below.

Student's Name: _____ Date _____

Photography/Video

/es/No

My child has permission to be videotaped, photographed or interviewed
For classroom and teaching purposes.

Field Trips

/es/No

My child has permission to participate in field trip activities with his/her
class. The teacher of the destination and mode will notify you
Of transportation before each field trip takes place.

Videos

/es/No

My child has permission to watch videos pertaining to anatomy &
Physiology, medical terminology and other classroom curriculum
(All videos are PG 13). Videos are to enhance the learning of your
Child.

By signing below, I verify that I understand the above choices and that I have indicated my preferences. If my
preferences change during the school year, it is my responsibility to contact the school and complete a new form.

Parent/ Guardian Signature _____ Date _____