

Form I-19A: Parent Approval

PARENT APPROVAL FOR STUDENT OVERNIGHT AND EXTENDED TRIPS OR ACTIVITIES

Group requesting trip: _____ School: _____
 Mode of transportation: _____ Driver #1: _____
 Driver #2: _____
 Date/time of departure: _____ Date/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: _____ 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 or 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 for all such costs 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.

Parent/Guardian signature: _____ Date: _____

*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 to act as my agent for the purpose of consenting to any necessary medical or dental treatment to be provided to my child while on this trip.

This authorization will remain effective until: Date: _____

Parent/Guardian signature: _____

MEDICAL INFORMATION TO BE USED AS NECESSARY

Health and accident insurance in force, name of 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 result in this student being unable to participate in this activity.

ORIGINAL TO PRINCIPAL'S OFFICE, COPY TO SPONSOR

No district employee or student shall be subjected to discrimination in employment or any district program or activity on the basis of age, color, disability, gender, gender identity, genetic information, national origin, pregnancy, race, religion, sexual orientation, or veteran status. The district is committed to providing equal access and equal opportunity in its programs, services and employment including its policies, complaint processes, program accessibility, district facility use, accommodations and other Equal Employment Opportunity matters. The district also provides equal access to district facilities for all youth groups listed in Title 36 of the United State Codes, including scouting groups. The following person has been designated to handle inquiries and complaints regarding unlawful discrimination, harassment, and retaliation: 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.