

PARENT RESPONSE TO STUDENT OVERNIGHT AND/OR EXTENDED TRIP

Theatre Ridge line
 Group Requesting Trip School
1/18/2024 1/20/2024
 Date and Time of Departure Date and Time of Return
Weber State, Ogden UT Christa Harding
 Destination of Trip Teacher in Charge

Estimated maximum cost to student and/or parents: \$ 350.00

1. Mark One: Approve Trip Disapprove Trip USE OTHER SIDE FOR ANY
INFORMATION YOU WISH TO SHARE. Initials

 Name of Student Participant Home Phone Parent's Work Phone

2. CONSENT TO PARTICIPATE AND RELEASE OF CLAIMS. 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 DRINKING OF ALCOHOL, ABUSE, USE OF DRUGS, OR SERIOUS MISBEHAVIOR (INCLUDING SHOPLIFTING, VANDALISM, THEFT, LEAVING PREMISES WITHOUT PERMISSION, OR OTHER UNACCEPTABLE CONDUCT) HE/SHE WILL BE SENT HOME ON THE NEXT AVAILABLE TRANSPORT. I WILL BE FINANCIALLY RESPONSIBLE FOR ALL COSTS FOR THIS EARLY RETURN OF THE STUDENT AND AN ADULT SUPERVISOR. I WILL REIMBURSE THE CACHE COUNTY SCHOOL DISTRICT ALL SUCH COSTS WITHIN TEN DAYS OF THIS ACTION.

I hereby release the Cache County School District and its agents and sponsor from any claims for injury to the above-named student which might occur during participation in or transportation to this proposed activity.

3. 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 shall remain effective until _____ (date)

Health and accident insurance in force _____ Company/Policy Number

 Family Physician Name and Phone Number (optional)

Mark here: If your child has any medical problems or special needs. Please list them on the reverse side.

FAILURE TO COMPLETE AND RETURN THIS FORM PRIOR TO THE AGREED UPON TIME WILL DENY THIS STUDENT THE OPPORTUNITY TO PARTICIPATE IN THIS ACTIVITY.

 Date Parent or Guardian Signature