



Cache County School District
Parental Response to Student Overnight and/or Extended Trip

Policy 3500.F5

Group Requesting Trip	School
Date and Time of Departure	Date and Time of Return
Destination of Trip	Teacher in Charge

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

1. Mark One: **Approve / Disapprove** _____ (Initial) Use other side to share additional information.

_____ Student Name	_____ Parent's Cell Phone	_____ Parent's Work Phone
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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 engages in any use of alcohol or drugs, or in serious misbehavior (including shoplifting, vandalism, theft, leaving the 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.

3. ROOM ARRANGEMENTS: Your child has been assigned to room with the following students: _____

Due to hotel capacity and costs, lodging typically involves students sharing a room and, in some cases, sharing a bed (two students per queen/king bed). By signing this form, you consent to your student sharing a bed. If your student requires an individual bed for privacy, medical, or religious reasons, the school will work with the family to find a solution, such as a rollaway bed/cot (if the hotel allows), a self- or district-provided cot, or a different room assignment. Families who prefer an individual bed or a private room may request a lodging upgrade at the hotel's private room rate, subject to hotel availability. Requests must be submitted at least 2 weeks in advance. If rooms are available, requests will be handled on a first-come, first-served basis at the family's expense.

4. 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 company/Policy Number _____

Family Physician Name and Phone Number (optional) _____

Initial here _____ if your child has any medical needs. Please list them on the reverse side.

FAILURE TO COMPLETE AND RETURN THIS FORM PRIOR TO THE AGREED UPON TIME WILL DENY YOUR STUDENT THE OPPORTUNITY TO PARTICIPATE IN THIS ACTIVITY. By signing below, I agree to the terms listed on this form, and hereby release the Cache County School District and its agents and sponsors from any claims which might occur during participation in or transportation to this proposed activity, for injury to the above-named student.

Date

Parent or Guardian Signature