

KEARNS HIGH SCHOOL

Memo No. 19

August 2011

OUT OF CLASS/OFF CAMPUS ACTIVITY APPROVAL  
KEARNS HIGH SCHOOL

A. Student Name \_\_\_\_\_ Periods Missed: \_\_\_\_\_ Date: \_\_\_\_\_

B. Activity \_\_\_\_\_

C. Administration Approval: \_\_\_\_\_ Advisor Signature : \_\_\_\_\_

RELEASE OF LIABILITY

During the course of our school program, it is occasionally necessary to have our students travel away from our campus in order to participate in school events or activities. It is necessary that we obtain parents' permission for a son/daughter to participate in these off-campus programs. The school cannot assume responsibility for student beyond the normal supervision of the assigned advisor.

MEDICAL RELEASE

In case of emergency where medical attention is needed, those with appropriate medical training have my permission to provide service and/or dispense medication where they see fit for my son/daughter. I understand that these services are provided on a fee basis.

Please list any special medical information (seizures, allergies, medication, etc.) which should be brought to the attention of the faculty advisor and/or chaperons.

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If you approve of your son/daughter participating in the events listed below, please sign this form and send it back to the advisor.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PROOF OF INSURANCE:** (required by district for out of state/overnight travel only)

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_