# ACTIVITY AUTHORIZATION FORM
# JORDAN SCHOOL DISTRICT

**Student Name** _____ **Student #** _____ **Date** _____

**Activity Description** o Field Trip o Job Shadow o Service Learning o Conference

**Class/Name of Activity** _____

**Date(s) of Activity:** From _____ To _____

**Period(s)** o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8

**Activity Location/Address** _____
_____

## Transportation:

- o Offers the following transportation option _____
- o Has no transportation option available (**parent/guardian** responsibility)

## Parent/Guardian Authorization

I authorize my student to participate in the activity identified above. I recognize that I have full responsibility for my student during the time he/she is off a public school site and for the transportation to and from the activity.

| _____ | _____ |
|---|---|
| Name of Parent/Guardian (Please Print) | Parent/Guardian Address |

| _____ | _____ | _____ |
|---|---|---|
| Signature of Parent/Guardian | Date | Emergency Phone Number |

Please Print Form on Blue Paper

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