

Due Date: \_\_\_\_\_

**ACTIVITY AUTHORIZATION FORM  
CANYONS SCHOOL DISTRICT**



**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student #:** \_\_\_\_\_ **Grade:** \_\_\_\_ **Cellphone #:** \_\_\_\_\_

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

**Class/Name of Activity** \_\_\_\_\_

**Date(s) of Activity** From \_\_\_\_\_ To \_\_\_\_\_

**Time** From \_\_\_\_\_ To \_\_\_\_\_

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

**Activity Location/Address** \_\_\_\_\_  
\_\_\_\_\_

**Transportation**

- Offers the following transportation option \_\_\_\_\_
- 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 including the transportation to and from the activity.

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Parent/Guardian Address

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone Number



*All Districts in the Wasatch Front Consortium do not discriminate on the basis of disability, gender, race, color, national origin, or age in educational programs, activities, or access to facilities.*