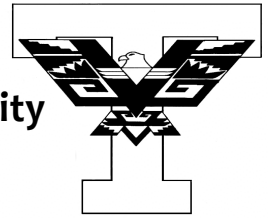


**TIMPVIEW HIGH SCHOOL**  
**Medical Release and Parent Approval for Off Campus Activity**



Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Student Cell # \_\_\_\_\_

Parent Name/s \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent's Phone Number      Cell# \_\_\_\_\_      Cell# \_\_\_\_\_

Please list any health issues or medications being taken that the activity advisor should be aware of.  
(If any, please give instructions.)

\_\_\_\_\_

**Number the Campus Tour/s you plan to attend in order of preference**

***You will be able to attend two – we will do our best to offer you your top two choices***

*Students will be transported to the campus tours on a school bus. Meet at the bus loading area on the times/days listed below. Turn in this form to the career center in the Library.*

*Only have room for 50 students for each tour – turn in this form **ASAP** to reserve your spot.*

€ **Utah State University (USU) – Wednesday, September 21<sup>st</sup> - 7:30 am –3:15pm Odd**

€ **University of Utah (U of U) – Thursday, October 6<sup>th</sup> – 9:15-2:15 – Even day**

€ **Brigham Young University – Friday, October 28<sup>th</sup> - 8:30 – 12:00 Even day**

€ **Utah Valley University (UVU) –Thursday, January 26<sup>th</sup> – 9:15- 2:00 - Even day**

€ **Utah State University Eastern (in Price) Friday, February 3<sup>rd</sup> 8 – 2:15 Even Day**

€ **Snow College – Friday, February 10<sup>th</sup> – 8:00-2:15 – Odd day**

€ **Mountainland Applied Technical College (MATC) – Tues., March 28<sup>th</sup> – 8:30-12:00- Odd day**

During the course of our school programs, it is sometimes necessary for our students to travel away from our campus to participate in school-related events or activities. We are required to obtain your approval for your son or daughter to participate in these off-campus programs. The teacher or school cannot assume responsibility for your student beyond the normal supervision of the advisor in these events.

I hereby authorize the adult supervisor responsible for my student on this field trip to secure medical help if necessary. Permission is hereby granted to any licensed physician to take whatever action deemed necessary in the interest of the health and well-being of my child.

***It is understood that students who violate conduct or eligibility rules or who act in a manner that is detrimental to the safety or well-being of others may be sent home at the parent's expense.***

Please sign below if you approve of your student participating in the above event according to the conditions listed above:

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date