



# WASATCH HIGH SCHOOL

Shawn Kelly - Principal • Jason L. Watt - Assistant Principal  
Stephen Sanderson - Assistant Principal • Tod Johnson - Assistant Principal

Expect to Excel

## PARENTAL CONSENT AND PERMISSION

DATE: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

Dear Parent or Guardian:

Our school is taking students on a field trip/activity to \_\_\_\_\_.

We will leave at \_\_\_\_\_ on \_\_\_\_\_ and return on \_\_\_\_\_.

The students will participate in the following activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The purpose of the trip is to teach the students about \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you consent to your child participating in this event, please read and sign the following:

1. I give permission to have my child participate in this event.
2. I understand that if any injury occurs, the school will make reasonable efforts to contact me. In the meantime, I give my express consent, in the event of injury, that my child receive emergency medical aid, anesthesia and/or operation, if, in the opinion of the attending physician, such treatment is medically necessary.
3. I understand that if my child acts inappropriately, the child will be sent home immediately at the expense of the parent.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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