

## STUDENT INTERNATIONAL TRAVEL PROCESS GRADES 9 – 12

Any school and or club sponsoring a field trip, activity trip, or athletic trip that involves group travel outside of the United States, must complete the following steps and submit any and all required forms no less than six (6) weeks prior to leaving. *All necessary forms are included in this packet.*

- Step 1.** Complete the **Uintah School District Request for Superintendent's Approval of Out of State Travel Form** providing all details of the trip, i.e. destination, departure date and time, costs, etc.
- Step 2.** Submit the completed **Superintendent's Approval of Out of State Travel Form** to the school principal for signature.
- Step 3.** After obtaining the school principal's signature, submit the **Superintendent's Approval of Out of State Travel Form** to the superintendent's office for signature.
- Step 4.** Upon approval of both the principal and superintendent, obtain a completed and signed copy of the **Uintah School District Parental Consent, Waiver, Release Form** for each student who lives at home, regardless of age, who will be participating in the trip. Only the signatures of a parent or legal guardian will be accepted.
- Step 5.** After ensuring availability of all funds necessary to cover the cost of the trip, and acquiring all the required signed documents listed above, contact Christopherson Travel to book the trip. The agent for student travel is:

Rachel Stone: (801) 327-7792 or [rachel.stone@cbtravel.com](mailto:rachel.stone@cbtravel.com)

- Step 6.** Complete the **International Field Trip Accident Insurance Information Form** in its entirety for the purpose of obtaining travel insurance coverage.
- Step 7.** Six (6) weeks prior to leaving on the trip, submit all of the following completed and signed documents to Kelli Wilson at the District Office:

- ☐ **Request for Superintendent's Approval for Out of State Travel**
- ☐ **Uintah School District Parental Consent, Waiver, Release Form**
- ☐ **International Field Trip Accident Insurance Information Form**

## STEP 1

### UINTAH SCHOOL DISTRICT REQUEST FOR SUPERINTENDENT'S APPROVAL OF OVERNIGHT AND/OR OUT-OF-STATE TRAVEL

*All out-of-state and overnight travel by district clubs or groups must be approved by the Superintendent of Schools. No travel arrangements are to be made prior to this approval.*

Please fill out the request below and submit this form to your school principal.

School \_\_\_\_\_ Name of Group/Club \_\_\_\_\_

Advisor Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

This trip will include (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Overnight travel                                    | <input type="checkbox"/> Female Students (How many? _____)          |
| <input type="checkbox"/> Out-of-State travel                                 | <input type="checkbox"/> Male Students (How many? _____)            |
| <input type="checkbox"/> \$30/night hotel cost to student                    | <input type="checkbox"/> Other costs to students* - Amount \$ _____ |
| * List what they are paying for: _____<br>(e.g. registration, airfare, etc.) |   |

Destination: \_\_\_\_\_ Departure and Return Dates: \_\_\_\_\_

Number of Chaperones: Male \_\_\_\_\_ Female \_\_\_\_\_  
(It is required that both female and male chaperones accompany groups if both female and male students are traveling.)

Names of Chaperones: \_\_\_\_\_  
\_\_\_\_\_

Describe the proposed trip in general (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_

List sources of funding for this trip:

\_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

.....  
**Signatures are required before trip:**

Approved ☐ Not Approved ☐

Approved ☐ Not Approved ☐

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Superintendent's Signature

Original copy to Superintendent  
One copy to Principal  
One copy to Advisor

#### STEP 4

### UINTAH SCHOOL DISTRICT PARENTAL CONSENT, WAIVER, RELEASE (For Parents of School Age Children)

**Event and Relationship to Participant.** I am the parent or legal guardian of \_\_\_\_\_, hereinafter "child", who is of school age. My child desires to participate in the following event, hereinafter "event", which will be held at the \_\_\_\_\_ on the \_\_\_\_\_ day(s) of \_\_\_\_\_, 20\_\_\_\_: I understand that the event is being held, organized and sponsored by the following individuals and entities: \_\_\_\_\_.

**Fitness of Child and Inherent Risks.** To the best of my knowledge and belief, my child is physically fit and has been sufficiently trained to participate in the event. Notwithstanding that knowledge and belief, I understand and acknowledge that this carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by or associated with facilities, extreme weather, temperature, condition of athletes, equipment, travel, and the actions of others, including participants, volunteers, coaches, event monitors, and even producers/sponsors.

**Consent and Authorization for Medical Treatment.** I hereby consent to my child's participation in this event, and I expressly authorize the following sponsoring/organizing entities to provide and/or authorize medical treatment for my child if my child is injured or otherwise becomes ill during this event: \_\_\_\_\_.

**Waiver, Release of Liability, Hold Harmless.** In consideration for allowing my child to participate in the event, I hereby waive any claims or rights that I may have as child's parent pertaining to my child's death, disability, personal injury, property damage, arising out of the event, and I hereby release and hold harmless the following entities and persons from all claims that may accrue to me, due to this event: \_\_\_\_\_, together with their directors, officers, employees, volunteers, representatives, and agents.

**Application and Acknowledgment.** I acknowledge that this Consent, Waiver, and Release will be used by the event holders, sponsors, and organizers of the event, in which my child will participate. I further acknowledge that I am authorized to execute this instrument for myself and my child.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**STEP 6**

**STUDENT AND CHAPERONE  
INTERNATIONAL SHORT TERM TRAVEL  
ACCIDENT INSURANCE INFORMATION FORM**

*Any school and or club sponsoring a field trip, activity trip, or athletic trip that involves group travel outside of the United States is required to purchase International Short Term Travel Accident Insurance through Moreton & Company. This is due to the fact that students are not covered while traveling abroad under the State of Utah Division of Risk Management Liability Insurance program. In order for coverage to be in place at the time of departure the following information must be provided to the Uintah School District Business Office six (6) weeks prior to leaving.*

Please fill out the information below and submit this form to Kelli Wilson at the District Office.

School \_\_\_\_\_ Advisor Name \_\_\_\_\_

Advisor Email \_\_\_\_\_ Advisor Phone # \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Destination (City and Country) \_\_\_\_\_

Total Number of Student Travelers \_\_\_\_\_

Total Number of Teachers (Under age 70 Traveling \_\_\_\_\_

Total Number of Chaperones (Under age 70) Traveling \_\_\_\_\_

Total Number of Travelers Over age 70, if any \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The cost of the International Short Term Travel Accident Program is \$2.07 per person per day with a minimum policy premium of \$1,000.

Budget Number to be charged \_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date