



## Responsible Adult Information Student Overnight Travel—AA414

*To be submitted by adult supervisors/chaperones as per district policy AA414, II.8.  
(Must be at least 21 years of age)*

School \_\_\_\_\_ Group \_\_\_\_\_

To \_\_\_\_\_ On \_\_\_\_\_  
Destination Dates of Trip

Name \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_  
Street City, State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I affirm that I am an adult 21 years of age or older. I also affirm that I understand while I am traveling with this Jordan School District group, I am obligated to comply with all directives, policies, guidelines and procedures pertaining to overnight travel for the Jordan School District.

[AA414 – Student Overnight Travel – Policy Manual](#)

[AA409 – Scope of Employment – Policy Manual](#)

[DP356 – Substance Abuse-Free Work Environment – Policy Manual](#)

I understand that my conduct and dress must be appropriate for the supervision of students. I also understand that under no circumstance can a chaperone's responsibility be delegated to an unapproved chaperone and that students can only be released to their parent/guardian. I agree not to use alcohol or other drugs during the duration of this travel. Non-compliance, as determined by school officials, may mean removal from the activity.

- I am traveling as a chaperone (paid by school/district)
- I am traveling as a volunteer chaperone (paying my own expenses)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of Utah  
County of Salt Lake

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,  
\_\_\_\_\_ who is personally known to me  
\_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_  
\_\_\_\_\_ whose identity I proved on the oath/affirmation of \_\_\_\_\_  
to be the signer of the above document, and he/she acknowledged that he/she signed it.

\_\_\_\_\_  
Notary Public