

# Restricted Activity Approval Form

Name of School \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Restricted Activity \_\_\_\_\_ Date of Activity \_\_\_\_\_

Name of Sponsor/s \_\_\_\_\_

Description of Event where the restricted activity will be conducted:

## Safety Precautions Taken

### Check all that apply:

- Students are directly involved.
- Adult supervision (School staff and Parents) is present.
- Students must sign parent permission form to participate
- Security Specialists and District Security have been notified and will be present at the activity.
- Law Enforcement is present at the activity.
- Permits are on file with the appropriate government agency.
- Fire Department has approved the activity.
- Helicopter landings have been approved by O & M and Safety and Security Office.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Administrator Signature

\_\_\_\_\_  
Date

All restricted activities must receive approval from the District Director of Activities, Athletics and Student Leadership and the Director of the Risk Management. This form will be returned to the building administrator within five (5) school days with the required signatures that indicate approval of the restricted activity. If the form is returned with no signatures, the activity is not approved.

\_\_\_\_\_  
Director of Activities, Athletics  
And Student Leadership      Date

\_\_\_\_\_  
Director of Risk Management      Date