PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP

(This form and an attached field trip description are required for all field trips.)

IMPORTANT DIRECTIONS: (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

TO BE COMPLETED BY THE SCHOOL

Date(s) of Trip	Destination
Monday, August 22nd-Thursday, August 25th, 2016	Lost River, West Virginia

Purpose: Cross Country Team Camp

SUPERVISION (Check one.)

☑ Students will be directly supervised by adults on this trip at all times

☐ Students will be directly supervised by adults on this trip with the following exceptions _____

TRANSPORTATION BEING PROVIDED (Check all that apply.)

☐ Walking ☐ School Bus ☐ Commercial Carrier ☐ Personal Vehicle

☐ Leased Vehicle ☐ County Vehicle ☐ None

DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply.)

☐ Student ☐ Parent ☐ Teacher or Staff Member ☐ Other Adult

VEHICLE TYPE (Check all that apply.)

☐ Car ☐ Van (10 passenger or less) ☐ SUV ☐ Other _____ *(Specify)*

RISK RELATED (Check all that apply.)

☐ Swimming Pool ☐ Amusement or Theme Park ☐ Beach or Ocean ☐ Other _____ *(List activity)*

STOCK EPINEPHRINE (Check one) ☐ Will be available on this trip ☑ Will not be available on this trip

TO BE COMPLETED AT HOME

Pupil Agreement

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

_____ _____

Signature of Student Date

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

I understand that participation in this field trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the description of the field trip (attached) and authorize my child to participate in the planned components of the field trip to the extent indicated by my signature below. I also understand that participation in the field trip will involve activities off school property; therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.

PARENT PERMISSION (Check all that apply.)

☐ Participation in all aspects of this trip.

☐ Participation in all aspects of this trip, except the amusement and theme park activities.

☐ Participation in all aspects of this trip, except the water-related activities.

I give permission for _____ to participate in this field trip.

_____ _____

Signature of Parent Date

IMPORTANT NOTICE Fairfax County Public Schools (FCPS) cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for Broadway shows, transportation, or hotels) for any field trip that FCPS cancels. It is strongly recommended that you personally review any tour company's or commercial carrier's contract, including its stated refund policies, BEFORE your child signs up or pays for the trip.