



Prince William County

PUBLIC SCHOOLS

Providing A World-Class Education

FIELD TRIP PERMISSION

This form is required for all field trips.

IMPORTANT DIRECTIONS: (efficient preparation and distribution includes): (1) complete only ONE form per trip, (2) complete the school portion (top half) of form, (3) duplicated *one form per student*, and (4) send a copy home for the parent's and student's signature.

FIELD TRIP PLAN

Specific Trip

Repeated Trips

DATE: _____ TEACHER: _____ ROOM: _____ EXPLAIN: _____

Destination: _____

Purpose: _____

SUPERVISION (Check one)

- Students will be directly supervised by adults on this trip.
- Students will be directly supervised by adults on this trip with the following exception(s). (If space is insufficient, attach itinerary with explanation regarding supervision.)

TRANSPORTATION (Check all that apply)

- Walking School Bus Commercial Carrier Private Vehicle
- None (Provide own) Leased Vehicle County Vehicle

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

- Walking Teacher/Staff Member Other Adult

APPROVAL OF PRINCIPAL

Date: _____ Signature of Principal: _____

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 and adhere to the information below.

Date: _____ Signature of Student: _____

PARENT PERMISSION

I give permission for _____ to participate in the field trip(s) described above. As the parent or guardian of _____, I understand and agree that in the event the Superintendent, or the Superintendent's designee, cancels our trip to _____ for any reason, or if the medication disclosure pursuant to Regulation 757-4, *Administering Medication*, is not received, we will not hold Prince William County Schools or School Board, or the student's school, or the school's employees and/or agents responsible for any reimbursements of monies paid or invested in this trip.

Date: _____ Signature of Parent/Guardian: _____

Student's DOB/Age _____ / _____ Parent Email _____

EMERGENCY PERMISSION, EMERGENCY CONTACTS, AND MEDICAL DISCLOSURE

This school has permission in an emergency to have my child transported to nearest hospital and for hospital/medical staff to provide medical treatment for the wellbeing of my child. As noted above, additional forms and procedures are in place for students who need daily prescription or over-the-counter medication. Without the medication forms, the student may not be able to go on the trip.

Parent _____ Contact Number _____

Other Contact _____ Other Contact Number _____

Please list any allergies or health problems that might be helpful when evaluating your child during an emergency:

Parent Initials



PATRIOT HIGH SCHOOL

Field Trip/Activity Teacher Notification Form

Student: You must notify your classroom teachers that you will be missing all or part of a class period as a result of your participation in a field trip/activity. **By signing this form, you are accepting responsibility for turning in all assignments and for arranging to make up any work missed as a result of your absence.** This notification must be presented for signature at least one week in advance to the teacher(s) whose class is/are affected by your absence.

Teachers: This is a courtesy to inform you that the student has scheduled participation in a field trip/activity. By signing, you are acknowledging that you have been made aware of the student's planned absence. Students are responsible for turning in any assignments and arranging to make up any missed work. If you have concerns about this student missing your class, please make these known to the parent/guardian of the student as soon as possible.

Student Name: _____ Date of trip: _____ Even Day/ Odd Day
(please circle)

Class/Organization: _____ Date this form is due: _____

Teacher/Sponsor contact: _____

Signatures from odd day teachers:

Period 1 _____

Period 3 _____

Period 5 _____

Period 7 _____

Signatures from even day teachers:

Period 2 _____

Flex () _____

Flex () _____

Period 4 _____

Period 6 _____

Student Signature: _____

Parent Signature: _____