



GIVE TO COACH DAY

LOUDOUN COUNTY PUBLIC SCHOOLS
SCHOOL DAY AND EXTENDED DAY FIELD TRIP PERMISSION FORM

Instructions: This form and an attached field trip description (1) must be provided for each student (K-12) participating in an LCPS field trip or series of VHSL activities, and (2) must be with the vehicle transporting the student named. (3) The Trip Organizer will complete Section I and provide a copy to each student participant. (4) Section II is to be completed and signed by the student's parent/guardian and returned to the Trip Organizer.

FIELD TRIP INFORMATION—See attached Description and Itinerary			
Section I - To be completed by Trip Organizer:	School Name: RIVERSIDE HS	Today's Date: 7/15/15	Permission Due Date: 7/15/15
	Class/Grade/Club Participating: FOOTBALL TEAM	Name of Trip Organizer: BRIAN DUNN	Title or Position: HEAD FOOTBALL COACH
	Destination(s): WESTFIELD HS TEAM CAMP	Date, Time and Place of Departure: 7/13-7/16 BRMS 3:45PM	Date, Time and Place of Return: 7/13-7/16 BRMS 9:00AM
	Purpose of Trip: TEAM CAMP		
	Risks Involved: (check all that apply to trip) <input type="checkbox"/> Amusement/Theme Park Activities <input type="checkbox"/> Swimming/Boating/Water Activities <input checked="" type="checkbox"/> Athletic/Sporting Event Participation <input type="checkbox"/> Outdoor Activities/Ropes Course <input type="checkbox"/> Other (describe):	Transportation (check all that apply to trip) <input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input checked="" type="checkbox"/> Commercial Charter Bus/Metro Bus or Rail <input type="checkbox"/> School Vehicle <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Leased Vehicle <input type="checkbox"/> None—Parents or Participant will be responsible for transportation to and from the activity.	Drivers of Private or Leased Vehicles (check all that apply) <input type="checkbox"/> Parent <input type="checkbox"/> Teacher or Staff Member <input checked="" type="checkbox"/> Chaperone/Other Adult Vehicle Type (check all that apply) <input type="checkbox"/> Car <input type="checkbox"/> Van (10 passenger or less) <input checked="" type="checkbox"/> Other
PARTICIPANT AND EMERGENCY INFORMATION			
Student's Full Name:			
Full Name of Parent(s)/Guardian(s):			
Home Address of Student (include number, street, city, state & zip code – NO P.O. Boxes):			
Home Phone (w/Area Code): ()		Cell or Work Phone (w/Area Code): ()	
Emergency Contact #1—Name and Relationship:		Phone Number (w/Area Code):	
		Phone Number (w/Area Code):	
Emergency Contact #2—Name and Relationship:		Phone Number (w/Area Code):	
		Phone Number (w/Area Code):	
Describe any medical condition/s or special needs of the above named student:			
Name of Child's Primary Care Physician:		Phone Number (w/Area Code):	
Name of Health Insurance Company:		Phone Number (w/Area Code):	Health Insurance Policy/Member #:
For Secondary School Extended Day Field Trips Only: Do you give permission for your child to receive Tylenol or its generic substitute while on this field trip? (Age/weight appropriate dose will be given.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
FIELD TRIP MEDICATION NOTE: On field trips that occur during the length of the school day, any prescription medication already provided to the school will be carried and administered by Loudoun County Public Schools staff. On Extended Day Field Trips, additional physician's orders and parental permission may be required for medication that is to be given. Please contact the school nurse or health clinic assistant.			
PARENTAL PERMISSION AND AGREEMENT			
1. I understand that participation in this field trip is voluntary, that it is not required, and that it exposes my child to some risk. I have read and understand the attached travel itinerary or VHSL schedule and the description of the activities involved, and I give my permission for my child to travel and fully participate in all aspects of the trip.			
2. I understand that LCPS will not be responsible for personal property that may become lost or damaged during the trip and that LCPS does not provide medical or accident insurance for student illness or injury which may occur while on the trip.			
3. In case of emergency, I authorize and give permission for my child to receive first aid, 911 emergency medical care and transport, or to have the designated emergency contact pick up and transport my child to a physician or hospital. I understand that I will be responsible for any related medical bills, fees, or costs incurred.			
4. I understand that non-refundable tickets purchased by parents/students will NOT be reimbursed if the trip is canceled due to inclement weather, hazardous conditions, or if conditions make it inadvisable to have students on a trip. LCPS will provide as much advance notice as possible of any cancellations.			
5. I understand that during a middle or high school field trip that there may be periods of time when my child will not be supervised by an adult, but he/she will be required to adhere to check-in times with a chaperone, and that all regular school rules and regulations apply during the field trip.			
Parent Signature			Date
SIGNATURE INDICATES AGREEMENT WITH ALL CONDITIONS LISTED ABOVE			