

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP

(This form and an attached itinerary 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							
	Purpose								
	FCPS stock medications, to include (Epinephrine, Albuterol, and Naloxone) will <u>not</u> be provided on this field trip.								
	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.) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Walking</td> <td style="width: 25%;">School Bus</td> <td style="width: 25%;">Commercial Carrier</td> <td style="width: 25%;">Personal Vehicle</td> </tr> <tr> <td>Leased Vehicle</td> <td>County Vehicle</td> <td>None</td> <td></td> </tr> </table>		Walking	School Bus	Commercial Carrier	Personal Vehicle	Leased Vehicle	County Vehicle	None
Walking	School Bus	Commercial Carrier	Personal Vehicle						
Leased Vehicle	County Vehicle	None							
DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply.) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Student</td> <td style="width: 25%;">Parent</td> <td style="width: 25%;">Teacher or Staff Member</td> <td style="width: 25%;">Other Adult</td> </tr> </table>		Student	Parent	Teacher or Staff Member	Other Adult				
Student	Parent	Teacher or Staff Member	Other Adult						
VEHICLE TYPE (Check all that apply.) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Car</td> <td style="width: 25%;">Van (10 passenger or less)</td> <td style="width: 25%;">SUV</td> <td style="width: 25%;">Other _____ <i>(Specify)</i></td> </tr> </table>		Car	Van (10 passenger or less)	SUV	Other _____ <i>(Specify)</i>				
Car	Van (10 passenger or less)	SUV	Other _____ <i>(Specify)</i>						
RISK RELATED (Check all that apply.) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Swimming Pool</td> <td style="width: 25%;">Amusement or Theme Park</td> <td style="width: 25%;">Beach or Ocean</td> <td style="width: 25%;">Other _____ <i>(List activity)</i></td> </tr> </table>		Swimming Pool	Amusement or Theme Park	Beach or Ocean	Other _____ <i>(List activity)</i>				
Swimming Pool	Amusement or Theme Park	Beach or Ocean	Other _____ <i>(List activity)</i>						

TO BE COMPLETED AT HOME	Pupil Agreement	
	While participating in this trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.	
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">_____ Signature of Student</td> <td style="width: 40%;">_____ Date</td> </tr> </table>	_____ Signature of Student
_____ Signature of Student	_____ Date	

TO BE COMPLETED AT HOME	PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS		
	I understand that participation in this 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 itinerary and authorize my child to participate in the planned components of the trip to the extent indicated by my signature below. I also understand that participation in the 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. Other _____		
	I give permission for _____ to participate in this field trip.		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">_____ Signature of Parent</td> <td style="width: 40%;">_____ Date</td> </tr> </table>	_____ Signature of Parent	_____ Date
	_____ 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 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.			