



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 September 26, 2015	Destination Neighborhoods Surrounding Westfield High School
Purpose Tag Day - Music Booster Fundraiser	
SUPERVISION (Check one.)	
<input checked="" type="checkbox"/> Students will be directly supervised by adults on this trip at all times	
<input type="checkbox"/> Students will be directly supervised by adults on this trip with the following exceptions _____	
TRANSPORTATION BEING PROVIDED (Check all that apply.)	
<input checked="" type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Commercial Carrier <input checked="" type="checkbox"/> Personal Vehicle	
<input type="checkbox"/> Leased Vehicle <input type="checkbox"/> County Vehicle <input type="checkbox"/> None	
DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply.)	
<input type="checkbox"/> Student <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Teacher or Staff Member <input checked="" type="checkbox"/> Other Adult	
VEHICLE TYPE (Check all that apply.)	
<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van (10 passenger or less) <input checked="" type="checkbox"/> SUV <input type="checkbox"/> Other _____ (Specify)	
RISK RELATED (Check all that apply.)	
<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Amusement or Theme Park <input type="checkbox"/> Beach or Ocean <input type="checkbox"/> Other _____ (List activity)	
STOCK EPINEPHRINE (Check one) <input type="checkbox"/> Will be available on this trip <input checked="" type="checkbox"/> Will not be available on this trip	

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

9/28/15

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

09/25/15

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.