



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 May 5, 2018	Destination Williams Wharf, Mathews, VA
Purpose Crew regatta	
SUPERVISION (Check one.)	
<input type="checkbox"/> Students will be directly supervised by adults on this trip at all times <input checked="" type="checkbox"/> Students will be directly supervised by adults on this trip with the following exceptions _____ _____ _____	
TRANSPORTATION BEING PROVIDED (Check all that apply.)	
<input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input checked="" type="checkbox"/> Commercial Carrier <input 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 type="checkbox"/> Parent <input type="checkbox"/> Teacher or Staff Member <input checked="" type="checkbox"/> Other Adult	
VEHICLE TYPE (Check all that apply.)	
<input type="checkbox"/> Car <input type="checkbox"/> Van (10 passenger or less) <input type="checkbox"/> SUV <input type="checkbox"/> Other <u>Bus</u> (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 checked="" type="checkbox"/> Other <u>rowing</u> (List activity)	
STOCK EPINEPHRINE (Check one) <input type="checkbox"/> Will be available on this trip <input type="checkbox"/> Will not be available on this trip	

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.

Signature of Student

Date

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 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.

Signature of Parent

Date