



**ARLINGTON PUBLIC SCHOOLS  
PARENTAL AUTHORIZATION FOR FIELD TRIP**

**This Section to be Completed by School Staff**

Student Name:		School: <u>Glebe</u>	Grade: <u>5<sup>th</sup></u>
Field Trip (Include Purpose and Planned Activities, if needed): <u>5<sup>th</sup> Grade Overnight Lock-In</u>			
Date(s) of Trip: <u>May 31 - June 1, 2018</u>	Time(s) of Trip: <u>6<sup>00</sup> PM on 5/31 - 3<sup>41</sup> PM on 6/1</u>	Expense (if any): <u>Already collected</u>	
Mode of Transportation (check all that apply): <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Charter Bus <input type="checkbox"/> Public Transportation <input type="checkbox"/> Commercial <input type="checkbox"/> Air Vehicles driven by: <input type="checkbox"/> APS Bus Driver <input type="checkbox"/> Staff <input type="checkbox"/> Parents <input type="checkbox"/> Other Adult			
Related risks (check all that apply) <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Amusement or Theme Park <input type="checkbox"/> Beach, River, Stream, or Ocean <input type="checkbox"/> Walking to Destination			

**Parents/Guardians – Please Read the Following, Check the Appropriate Boxes, and Sign this Section**

**Parent/Guardian Authorization and Acknowledgement of Risk**

I, as the parent or legal guardian, give permission for student named above to participate in this field trip. I understand that participation in this field trip is voluntary and not a required part of the school curriculum. I understand that it exposes my child to some risk. I have read and understand the purpose of the field trip and authorize my child to participate in above referenced field trip and to be transported as noted above. I also understand that participation in the field trip will involve activities off school property; therefore, neither Arlington Public Schools or its employees and volunteers, will have any responsibility for the condition or use of any non-school property. I also understand that if school buses are not provided, that APS does not insure the transportation described above. I expressly agree to hold harmless and reimburse the Arlington County School Board, its individual members, agents, employees and representatives, as well as trip supervisors and chaperones, for any and all losses, damages or injuries arising out of, in connection with, or during the above named student's participation in this trip, to include but not limited to any costs incurred for the rendering of any emergency medical procedures or treatment, if any.

I agree to the above                       I opt out of this field trip

**Notice of Financial Responsibility**

Please note that the School Board reserves the right to cancel any trip for safety or other reasons. In the event of such a cancellation, the trip operator's cancellation policies, as well as those of the hotels, bus companies, ticket operators and others providing services in connection with the trip will determine the amount of any refund to which you are entitled, if any. Refunds or any other reimbursements will not be provided by the School Board if the trip is cancelled or delayed. By signing below, parents and guardians acknowledge that they have read this notice and accept responsibility for any and all cancellation fees, costs, losses, medical expenses, hospital or physician fees, or any other expenses incurred by or on behalf of the parent, guardian, or their students related to this trip.

I agree to the above

**Medical Authorization**

The school has my permission, when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital (in a private automobile or emergency vehicle). I further provide the hospital and its medical staff my authorization to provide treatment which a physician deems necessary for the well-being of my child. The following information is accurate to the best of my knowledge.

I agree to the above

Parent/Guardian (Or Eligible Student Over Age 18) Signature:	Date:
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**Student Agreement**

While participating on this school-sponsored field trip, I will accept responsibility for maintaining good conduct and behavior. I will follow directions at all times. I am subject to the *Student Rights and Responsibilities* as outlined in the APS Handbook.

Student Signature:	Date:
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PARENTAL AUTHORIZATION FOR FIELD TRIP**

<b>This Section to be Completed by School Staff</b>		
Student Name:	School: <u>Glebe</u>	Grade: <u>5th</u>
Field Trip (Include Purpose and Planned Activities, if needed): <u>Stop at Woodlawn Park on 6/15 for picnic. Walking trip to Washington Lee High School for promotion practice.</u>		
Date(s) of Trip: <u>6/14 and 6/15/2018</u>	Time(s) of Trip: <u>10<sup>00</sup>-3<sup>00</sup> on 6/14, 12<sup>00</sup>-3<sup>00</sup> on 6/15</u>	Expense (if any): <u>Already Collected</u>
Mode of Transportation (check all that apply): <input type="checkbox"/> Private Vehicle <input checked="" type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Charter Bus <input type="checkbox"/> Public Transportation <input type="checkbox"/> Commercial <input type="checkbox"/> Air Vehicles driven by: <input type="checkbox"/> APS Bus Driver <input type="checkbox"/> Staff <input type="checkbox"/> Parents <input type="checkbox"/> Other Adult		
Related risks (check all that apply) <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Amusement or Theme Park <input type="checkbox"/> Beach, River, Stream, or Ocean <input checked="" type="checkbox"/> Walking to Destination		

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I agree to the above       I opt out of this field trip

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I agree to the above

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I agree to the above

Parent/Guardian (Or Eligible Student Over Age 18) Signature:

Date:

**Student Agreement**

While participating on this school-sponsored field trip, I will accept responsibility for maintaining good conduct and behavior. I will follow directions at all times. I am subject to the *Student Rights and Responsibilities* as outlined in the APS Handbook.

Student Signature:

Date:

**EMERGENCY CONTACT INFORMATION**  
**Contact Information During the Time Period of the Field Trip**

Student Name:		
Mother or Guardian Name:		
Home Phone:	Work Phone:	Cell Phone:
Father or Guardian Name:		
Home Phone:	Work Phone:	Cell Phone:
Alternate Contact Name:		Relationship:
Home Phone:	Work Phone:	Cell Phone:
<b>Medical Care Information</b>		
Family Physician:		
Health Insurance Company:		
Group Policy Number:		
ID Number:		
Phone Number:		
Student allergic to any medications? If so, please list:		
Any other allergies (food, bee stings, etc.)? If so, please list:		
Medication during trip (see note below):		
Describe any special needs of the above student related to this trip:		

**NOTE: Medications for field trips that occur during the school day, and for which the School Nurse has the medications and the authorization form, will be provided by the School Nurse to the Field Trip Coordinator on the day of the trip. It is the responsibility of the parent to provide authorization and medications to the field trip coordinator for trips outside the school day and/or lasting more than one day.**