

## 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<br>February 22, 2024  | Destination<br>Thomas Jefferson High School |
|  | Purpose<br>Students will learn about the opportunities available at Thomas Jefferson High School.   |   |
|  | FCPS stock medications, to include (Epinephrine, Albuterol, and Naloxone) will <u>not</u> be provided on this field trip.   |   |
|  | <b>SUPERVISION</b> (Check one.)<br><input checked="" type="checkbox"/> Students will be directly supervised by adults on this trip at all times<br><input type="checkbox"/> Students will be directly supervised by adults on this trip with the following exceptions:  |   |
|  | <b>TRANSPORTATION BEING PROVIDED</b> (Check all that apply.)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Walking</div> <div style="width: 25%;"><input checked="" type="checkbox"/> School Bus</div> <div style="width: 25%;"><input type="checkbox"/> Commercial Carrier</div> <div style="width: 25%;"><input type="checkbox"/> Personal Vehicle</div> <div style="width: 25%;"><input type="checkbox"/> Leased Vehicle</div> <div style="width: 25%;"><input type="checkbox"/> County Vehicle</div> <div style="width: 25%;"><input type="checkbox"/> None</div> </div> |   |
| <b>DRIVERS OF PRIVATE OR LEASED VEHICLES</b> (Check all that apply.)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Student</div> <div style="width: 25%;"><input type="checkbox"/> Parent</div> <div style="width: 25%;"><input type="checkbox"/> Teacher or Staff Member</div> <div style="width: 25%;"><input type="checkbox"/> Other Adult</div> </div>          |   |   |
| <b>VEHICLE TYPE</b> (Check all that apply.)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Car</div> <div style="width: 25%;"><input type="checkbox"/> Van (10 passenger or less)</div> <div style="width: 25%;"><input type="checkbox"/> SUV</div> <div style="width: 25%;"><input type="checkbox"/> Other _____<br/>(Specify)</div> </div>                         |   |   |
| <b>RISK RELATED</b> (Check all that apply.)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Swimming Pool</div> <div style="width: 25%;"><input type="checkbox"/> Amusement or Theme Park</div> <div style="width: 25%;"><input type="checkbox"/> Beach or Ocean</div> <div style="width: 25%;"><input type="checkbox"/> Other _____<br/>(List activity)</div> </div> |   |   |

|                         |  |
|-------------------------|--|
| TO BE COMPLETED AT HOME | <b>Pupil Agreement</b>   |
|                         | While participating in this trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times. |
|                         | <div style="display: flex; justify-content: space-between;"> <div>Signature of Student _____</div> <div>Date _____</div> </div>                        |

|                         |  |
|-------------------------|--|
| TO BE COMPLETED AT HOME | <b>PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS</b>   |
|                         | 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. |
|                         | <b>PARENT PERMISSION</b> (Check all that apply.)<br><input checked="" type="checkbox"/> Participation in all aspects of this trip.<br><input type="checkbox"/> Participation in all aspects of this trip, except the amusement and theme park activities.<br><input type="checkbox"/> Participation in all aspects of this trip, except the water-related activities.<br><input type="checkbox"/> Other _____  |
|                         | I give permission for _____ to participate in this field trip.   |
|                         | <div style="display: flex; justify-content: space-between;"> <div>Signature of Parent _____</div> <div>Date _____</div> </div>   |

**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.



## EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.  
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

### STUDENT INFORMATION

|  |  |         |                       |   |                |  |             |
|--|--|---------|-----------------------|---|----------------|--|-------------|
| Last:  |  | First:  |                       | Middle:   | Date of Birth: | Gender:<br><input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB | Grade:      |
| School Name:   |  | ID No.: | Teacher or Counselor: |   |                | Bus # (AM):  | Bus # (PM): |
| Siblings attending the same school (complete if applicable).<br>Name(s): _____<br>Name(s): _____ |  |         |                       | Primary Internet access in the home for this student is<br><input type="checkbox"/> Cellular <input type="checkbox"/> Broadband <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Declined<br>Do you have a device for this student to use that meets their educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined |                |  |             |

### CURRENT HEALTH CONDITIONS

Below check any current health condition(s) that EMS or an emergency room health care provider should know about health of your student. **Also complete and submit Health Information form SS/SE-71 if your child has a health condition(s) that require(s) attention during the school day. See below for medical alert information currently on file.**

|   |   |
|---|---|
| <input type="checkbox"/> allergies (be specific)<br><input type="checkbox"/> foods _____<br><input type="checkbox"/> medicines _____<br><input type="checkbox"/> bee sting or insect bite _____<br><input type="checkbox"/> other _____                     | <input type="checkbox"/> hemophilia <input type="checkbox"/> sickle cell anemia<br><input type="checkbox"/> physical disability (be specific) _____<br><input type="checkbox"/> respiratory (be specific) _____               |
| <input type="checkbox"/> asthma<br><input type="checkbox"/> cancer<br><input type="checkbox"/> diabetes<br><input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s)<br><input type="checkbox"/> heart problems (be specific) _____ | <input type="checkbox"/> seizures<br><input type="checkbox"/> vision problems (be specific) _____<br><input type="checkbox"/> glasses <input type="checkbox"/> contacts<br><input type="checkbox"/> other (be specific) _____ |
| List all medications and dosages your child receives on a continual basis:<br>_____<br>_____<br>_____   |   |

### MEDICAL ALERT INFORMATION ON FILE

This space reserved for system printing of Health Information

### HEALTH CARE PROVIDER INFORMATION

|   |  |                      |
|---|--|----------------------|
| My child's medical care is provided by: _____<br>(name of health care provider or clinic)                   |  | _____<br>(telephone) |
| Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No             |  |                      |
| If yes, medical coverage is provided by: _____<br>(health insurance company, assistance program, HMO, etc.) |  | _____<br>(telephone) |

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_