



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 Feb 6-7, 2016	Destination Thomas Jefferson High School for Science and Technology
Purpose Participate in an overnight 24-hr student coding hackathon	
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 type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Commercial Carrier <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Leased Vehicle <input type="checkbox"/> County Vehicle <input checked="" 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 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 _____ (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"/> <u>Will not</u> 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 _____

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.