

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	Destination		
	Purpose			
	SUPERVISION (Check one.)			
	<input 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:			
	<hr/>			
	TRANSPORTATION BEING PROVIDED (Check all that apply.)			
	<input type="checkbox"/> Walking <input type="checkbox"/> Leased Vehicle	<input type="checkbox"/> School Bus <input type="checkbox"/> County Vehicle	<input type="checkbox"/> Commercial Carrier <input type="checkbox"/> None	<input type="checkbox"/> Personal Vehicle
	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)
	<hr/>			
	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)

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
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	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 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.)	
	<input type="checkbox"/> Participation in all aspects of this trip.	
	<input type="checkbox"/> Participation in all aspects of this trip, except the amusement and theme park activities.	
	<input type="checkbox"/> 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.