LOUDOUN COUNTY PUBLIC SCHOOLS

SCHOOL DAY AND EXTENDED DAY FIELD TRIP PERMISSION FORM

Instructions: This form and an attached field trip activity description and itinerary (1) must be provided for each student (K-12) participating in an LCPS field trip or series of VHSL activities, and **(2)** must be with the vehicle transporting the student named. **(3)** The Trip Organizer will complete Section I and provide a copy to each student participant. **(4)** Section II is to be completed and signed by the student's parent/guardian and returned to the Trip Organizer.

Section I – To be completed by Trip Organizer

FIELD TRIP INFORMATION—See attached Activity Description and Itinerary

School Name:	**Today's Date:**	**Permission Due Date:**
Class/Grade/or Club Participating:	**Name of Trip Organizer:** **Title or Position:**	
Destination(s):	**Date, Time and Place of *Departure***	
	Date, Time and Place of *Return*	
Purpose of Trip:		

Risks Involved: (check all that apply to trip)

- ☐ Amusement/Theme Park Activities
- ☐ Swimming/Boating/Water Activities
- Athletic/Sporting Event Participation
- Outdoor Activities/Ropes Course
- ☐ Other (describe):

Transportation Provided (check all that apply to trip)

- ☐ Walking
- ☐ School Bus
- Commercial Charter Bus/Metro Bus or Rail
- ☐ School Vehicle
- ☐ Personal Vehicle
- ☐ Leased/Rented Vehicle
- ☐ None—Parents or Participant will be responsible for transportation to and from the activity.

Drivers of Personal or Rented Vehicles (check all that apply)

- ☐ Parent
- ☐ Teacher or Staff Member
- ☐ Chaperone/Other Adult

Vehicle Type (check all that apply)

- ☐ Car or SUV
- ☐ Van (10 passenger or less)
- ☐ Other

Section II – To be completed by Parent/Guardian of Student Participant

PARTICIPANT AND EMERGENCY INFORMATION

Student's Full Name:		
Full Name of Parent(s)/Guardian(s):		
Home Address of Student (include number, street, city, state & zip code – NO P.O. Boxes):		
Cell Phone (w/Area Code):	**Home or Work Phone (w/Area Code):**	
Emergency Contact #1—Name and Relationship:	**Phone Number (w/Area Code):**	
	Phone Number (w/Area Code):	
Emergency Contact #2—Name and Relationship:	**Phone Number (w/Area Code):**	
	Phone Number (w/Area Code):	
Describe any medical condition/s or special needs of the student:		
Primary Care Physician's Name:	**Student's Health Insurance Company Name:**	

FIELD TRIP MEDICATION NOTE: On field trips that occur during the length of the school day, any prescription medication already provided to the school will be carried and administered by Loudoun County Public Schools staff. On Extended Day Field Trips, additional physician's orders and parental permission may be required for medication that is to be given. **Please contact the school nurse or health clinic specialist. Students with prior approval to administer and/or carry their diabetes supplies, inhaler or epinephrine auto-injector, may do so on the field trip.**

PARENT/GUARDIAN PERMISSION AND AGREEMENT

1. I understand that participation in this field trip is voluntary, that it is not required, and that activities involved with the trip may expose my child to risks of injury or even death. I have read and understand the attached travel itinerary or VHSL schedule and the description of the activities involved, and I give my permission for my child to travel and fully participate in all aspects of the trip.
2. I understand that LCPS will not be responsible for personal property that may become lost or damaged during the trip and that LCPS does not provide medical or accident insurance for student illness or injury which may occur while on the trip.
3. In case of emergency, I authorize and give permission for my child to receive first aid, 911 emergency medical care and transport, and/or to have the designated emergency contact pick up and transport my child to a physician or hospital. I understand that I will be responsible for any related medical bills, fees, or costs incurred.
4. I understand that non-refundable tickets purchased by parents/students will **NOT** be reimbursed if the trip is canceled due to inclement weather, hazardous conditions, or if conditions make it inadvisable to have students on a trip. LCPS will provide as much advance notice as possible of any cancellations.
5. I understand that during a middle or high school field trip that there may be periods of time when my child will not be supervised by an adult, but he/she will be required to adhere to check-in times with a chaperone, and that all regular school rules and regulations apply during the field trip.

Parent Signature	**Date**

****SIGNATURE INDICATES AGREEMENT WITH ALL CONDITIONS LISTED ABOVE****