



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

This Section to be Completed by School Staff		
Student Name:	School: Wakefield	Grade:
Field Trip (Include Purpose and Planned Activities, if needed): Marching Band Season- Band Camp, Football Games, and Marching Band Competitions		
Date(s) of Trip: August 14 – October 31	Time(s) of Trip: TBD	Expense (if any): \$175, \$210
Mode of Transportation (check all that apply): <input type="checkbox"/> Private Vehicle <input checked="" type="checkbox"/> Walking <input checked="" type="checkbox"/> School Bus <input checked="" type="checkbox"/> Charter Bus <input type="checkbox"/> Public Transportation <input type="checkbox"/> Commercial <input type="checkbox"/> Air Vehicles driven by: <input checked="" type="checkbox"/> APS Bus Driver <input type="checkbox"/> Staff <input type="checkbox"/> Parents <input checked="" 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		

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.

<input type="checkbox"/> I agree to the above <input type="checkbox"/> 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.

<input type="checkbox"/> 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.**

<input type="checkbox"/> 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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EMERGENCY CONTACT INFORMATION
Wakefield Marching Warriors

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:

Medical Care Information

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:
Dietary Restrictions (Vegan, etc.)
Medication during band camp :
Describe any special needs of the above student related to this trip:

Information in this document will be kept private except that it will be shared among the Director of bands, band staff, and chaperones as needed to contribute to the health and welfare of the child.

Student Signature **Date**

Parent Signature **Date**
