



## 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 March 21 & 22, 2025	Destination Washington Liberty High School
Purpose Band assessments	
<b>FCPS stock medications, to include (Epinephrine, Albuterol, and Naloxone) will <u>not</u> be provided on this field trip.</b>	
<b>SUPERVISION</b> (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:	
<b>TRANSPORTATION BEING PROVIDED</b> (Check all that apply.)	
<input type="checkbox"/> Walking	<input checked="" type="checkbox"/> School Bus
<input type="checkbox"/> Leased Vehicle	<input type="checkbox"/> County Vehicle
<input type="checkbox"/> None	<input type="checkbox"/> Commercial Carrier
<input type="checkbox"/> None	<input type="checkbox"/> Personal Vehicle
<b>DRIVERS OF PRIVATE OR LEASED VEHICLES</b> (Check all that apply.)	
<input type="checkbox"/> Student	<input type="checkbox"/> Parent
<input type="checkbox"/> Teacher or Staff Member	<input type="checkbox"/> Other Adult
<b>VEHICLE TYPE</b> (Check all that apply.)	
<input type="checkbox"/> Car	<input type="checkbox"/> Van (10 passenger or less)
<input type="checkbox"/> SUV	<input type="checkbox"/> Other _____ <i>(Specify)</i>
<b>RISK RELATED</b> (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 _____ <i>(List activity)</i>

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

TO BE COMPLETED AT HOME

### 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.)

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.



## 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 June 2, 2025	Destination Eaglebank Arena
Purpose Band perform at graduation	
FCPS stock medications, to include (Epinephrine, Albuterol, and Naloxone) will <u>not</u> be provided on this field trip.	
<b>SUPERVISION</b> (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:	
<b>TRANSPORTATION BEING PROVIDED</b> (Check all that apply.) <input type="checkbox"/> Walking <input checked="" 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 type="checkbox"/> None	
<b>DRIVERS OF PRIVATE OR LEASED VEHICLES</b> (Check all that apply.) <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Teacher or Staff Member <input type="checkbox"/> Other Adult	
<b>VEHICLE TYPE</b> (Check all that apply.) <input type="checkbox"/> Car <input type="checkbox"/> Van (10 passenger or less) <input type="checkbox"/> SUV <input type="checkbox"/> Other _____ <span style="float: right;"><i>(Specify)</i></span>	
<b>RISK RELATED</b> (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 _____ <span style="float: right;"><i>(List activity)</i></span>	

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.)

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.