



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 7/30/2025	Destination Bowlero, Centreville VA
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Purpose Marching Band Camp Field Trip
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SUPERVISION (Check one.)

- Students will be directly supervised by adults on this trip at all times
- Students will be directly supervised by adults on this trip with the following exceptions _____

TRANSPORTATION BEING PROVIDED (Check all that apply.)

- Walking
- School Bus
- Commercial Carrier
- Personal Vehicle
- Leased Vehicle
- County Vehicle
- None

DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply.)

- Student
- Parent
- Teacher or Staff Member
- Other Adult

VEHICLE TYPE (Check all that apply.)

- Car
- Van (10 passenger or less)
- SUV
- Other _____
(Specify)

RISK RELATED (Check all that apply.)

- Swimming Pool
- Amusement or Theme Park
- Beach or Ocean
- Other _____
(List activity)

STOCK EPINEPHRINE (Check one) Will be available on this trip Will not 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.



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TO BE COMPLETED BY THE SCHOOL

Date(s) of Trip 9/27/2025	Destination Herndon HS, Herndon VA
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Purpose
Marching Band Competition

SUPERVISION (Check one.)

Students will be directly supervised by adults on this trip at all times

Students will be directly supervised by adults on this trip with the following exceptions _____

TRANSPORTATION BEING PROVIDED (Check all that apply.)

Walking School Bus Commercial Carrier Personal Vehicle

Leased Vehicle County Vehicle None

DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply.)

Student Parent Teacher or Staff Member Other Adult

VEHICLE TYPE (Check all that apply.)

Car Van (10 passenger or less) SUV Other _____
(Specify)

RISK RELATED (Check all that apply.)

Swimming Pool Amusement or Theme Park Beach or Ocean Other _____
(List activity)

STOCK EPINEPHRINE (Check one) Will be available on this trip Will not 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 _____

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TO BE COMPLETED BY THE SCHOOL

Date(s) of Trip 10/4/2025	Destination James Madison University, Harrisonburg VA
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Purpose Marching Band Competition

SUPERVISION (Check one.)

Students will be directly supervised by adults on this trip at all times

Students will be directly supervised by adults on this trip with the following exceptions _____

TRANSPORTATION BEING PROVIDED (Check all that apply.)

Walking School Bus Commercial Carrier Personal Vehicle

Leased Vehicle County Vehicle None

DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply.)

Student Parent Teacher or Staff Member Other Adult

VEHICLE TYPE (Check all that apply.)

Car Van (10 passenger or less) SUV Other _____
(Specify)

RISK RELATED (Check all that apply.)

Swimming Pool Amusement or Theme Park Beach or Ocean Other _____
(List activity)

STOCK EPINEPHRINE (Check one) Will be available on this trip Will not 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 _____

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TO BE COMPLETED BY THE SCHOOL

Date(s) of Trip 10/25/2025	Destination Massaponax HS, Fredericksburg VA
Purpose VBODA State Marching Band Assessment	
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 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	
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 _____ <i>(Specify)</i>	
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 _____ <i>(List activity)</i>	
STOCK EPINEPHRINE (Check one) <input type="checkbox"/> Will be available on this trip <input checked="" type="checkbox"/> Will <u>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

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OAKTON HIGH SCHOOL FALL COLOR GUARD AGREEMENT

Student Agreement

I have read and understand the information presented in the OHS Fall Color Guard Handbook located on the OaktonBands.org website. By signing below, I agree to abide by the guidelines listed herein. I acknowledge that by signing below, I am making a commitment, not only to myself, but to the other members of the color guard. My fellow members will depend on me to attend all rehearsals and performances, be prepared for rehearsal, and meet all the other obligations outlined in the handbook. I understand that if I am unable to or choose to work or act in a contrary manner to the standards and expectations listed in the handbook, appropriate disciplinary action will be taken, which may include my being removed from the team.

Print Student Name

Signature

Date

Parent/Guardian Agreement

I have read and understand the information presented in the OHS Fall Color Guard Handbook. By signing below, I agree to support the guidelines listed herein. I acknowledge that if my student does not follow these guidelines he or she will be subject to appropriate disciplinary action which may include being removed from the team. I also agree to pay the full cost outlined in the pay-to-play costs section of the handbook as determined by the Oakton High School Band Boosters. I understand active and engaged parents are part of the success of the program.

Print Parent/Guardian Name

Signature

Date

Special Notes:

- If you do not return a signed copy of this form with both your signature and your parent/guardian's signature, you will not be allowed to participate in rehearsal.

Student's Name: _____

Photo Release Opt Out Form

You have the right to choose whether your student's photograph is published or not. The band posts photos on the band's password protected photo sharing site, and typically a photo of the entire band appears on the website's open home page. Student names or other identifying information are not posted with the photographs. If you want to prohibit the publication of photographs of your student in band media, put an X and sign below. **You do not need to return this form if you allow your student's photograph to be published.**

() Do not publish photographs of my student

Parent/Guardian Signature

Date

Oakton High School Bands

Medical Disclosure to Parent Chaperones

Only FCPS employees will have access to the FCPS medical forms submitted in this packet, and the forms will only be accessed in the event of an emergency. With this form, you provide important information to parents who chaperone your child on band trips.

Student's Name: _____

Allergies to medication: _____

Allergies to food: _____

Other allergies: _____

Pre-existing medical conditions: _____

Parent/Guardian Signature

Date