



LOUDOUN COUNTY PUBLIC SCHOOLS

Overnight and Foreign Field Trip – Student Participation & Permission Form

Instructions:

- The Trip Organizer will complete Section I, and provide a copy to each student participant. Section II is to be completed and signed by the student and student's parent/guardian and returned to the Trip Organizer.
- The Trip Organizer will email a single .pdf scan of all Participant Forms, with a copy of the FINALIZED ITINERARY to LCPSDispatch@lcps.org three (3) business days from the date of departure.
- Forms are to be with the Trip Organizer at all times during the trip.

Section I – To be completed by Trip Organizer:

FIELD TRIP INFORMATION – SEE ATTACHED DESCRIPTION AND ITINERARY		
School Name: John Champe High School	Today's Date: 3/9/2020	Permission Due Date: 3/13/2020
Class/Grade/Club(s) Participating: Band	Destination(s)(cities/countries): Atlanta Georgia	
Purpose of Trip: Competition/Clinic/ Performance Atlanta Symphony Hall	Name of Travel or Tour Company:	
	Date, Time, and Place of Departure: 3/25/2020 10:00PM	
	Date, Time, and Place of Return: 3/29/2020 10:00AM	
RISKS INVOLVED WHILE ON THIS TRIP		
Activities (Check all that apply): <input checked="" type="checkbox"/> Amusement/Theme Parks <input type="checkbox"/> Athletic/Sporting Event Participation <input type="checkbox"/> Home Stay with Foreign Family <input checked="" type="checkbox"/> Outdoor Activities/Walking/Hiking <input type="checkbox"/> Swimming, Boating, Water Activities <input type="checkbox"/> Other (Specify):	Transportation (Check all that apply): <input type="checkbox"/> Commercial Plane Flight <input checked="" type="checkbox"/> Charter Bus <input type="checkbox"/> Charter Cruise Boat <input type="checkbox"/> Public Bus/Taxi/Rail Transportation <input type="checkbox"/> Private or Leased Vehicle <input type="checkbox"/> Other (Specify):	
Trip Organizer Name and Job Position: Jonathan Phillip/ Jamieson Carr	Email Address: Jonathan.Phillip@lcps.org	Phone #: 703-722-2683
Trip Organizer's Signature: <i>Jonathan Phillip</i>		

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

PARTICIPANT AND EMERGENCY INFORMATION		
Student Full Name:	Home School:	Parent/Guardian Name(s):
Home Address (Number, Street, City, State, Zip):		Parent Email:
Home Phone: ()	Work Phone: ()	Cell/Other Phone: ()
Emergency Contact Name #1:	Relationship: Phone Number(s): () ; ()	Email Address:
Emergency Contact Name #2:	Relationship: Phone Number(s): () ; ()	Email Address:
HEALTH INSURANCE INFORMATION		
Name of Student's Primary Care Physician:		Physician's Phone Number: ()
Name of Health Insurance Company:		Policy Number:
Insurance Company Phone Number: ()		Member Number:
MEDICAL ACKNOWLEDGEMENT & PARENT PERMISSION - READ CAREFULLY!		
<p>READ CAREFULLY:</p> <ol style="list-style-type: none"> 1. On overnight and foreign field trips, physician's orders and written parental permission will be required for all prescription medication that is to be carried by the student or given by the medication trained school staff members. 2. Over-the-counter medications may be carried and self-administered by the student or administered by the medication trained school staff member with written parental permission (LCPS Medication Administration form) and according to the guidelines for overnight and foreign trips of Loudoun County Public Schools. 3. All paperwork for both over-the-counter and prescription medications must be submitted to the school nurse for verification of completeness no later than two weeks prior to the departure date of the field trip. 4. Parents must supply both the over-the-counter and the prescription medication for the overnight or foreign field trip. Medication will not be provided from the clinic. 5. The over-the-counter medication must be stored in the original manufacturer's container with no more medication than is required for the duration of the field trip. 6. The prescription medication must be stored in the pharmacy-dispensed and labeled prescription container with no more medication than what is required for the duration of the field trip. 		

MEDICAL ACKNOWLEDGEMENT AND PARENT PERMISSION (cont.) - READ CAREFULLY!

Describe any medical condition/s or special needs of the above named student:

Medication/s required during the field trip (*attach additional page if more space is needed*):

Name of Medication	<i>(Check One)</i>		Dosage	Frequency/ Time to Administer	Quantity Provided
	Over-the-Counter	Prescription			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

READ CAREFULLY:

- I hereby **DO** **DO NOT** (*check one*) consent to allowing my child to carry and self-administer the medications listed above. By consenting hereto, I agree to hold LCPS harmless from any liability regarding my child's medication.
- If I am signing permission authorizing my child to carry and self-administer either over-the-counter or prescription medication, then I accept complete responsibility for this decision and my child's actions while on this overnight or foreign trip.
- If I am signing permission authorizing my child to carry and self-administer either over-the-counter or prescription medication, I state my child understands how to appropriately carry, self-administer, and secure the over-the-counter and/or prescription medication listed on this paperwork.
- I understand that the school nurse will check this paperwork for completeness. I understand that I must complete the LCPS Medication Administration form for over-the-counter medication. Written approval from the prescribing physician is required for prescription medication.
- All over-the-counter medication must be stored in the original manufacturer's container. Prescription medication must be stored in the pharmacy-dispensed and labeled prescription container. I agree that I will provide only the amount of medication required for the duration of the field trip. No medication will be provided by the school clinic.
- I consent to notifying the chaperone who is not an LCPS staff member or the host family of my child's medical conditions (i.e., diabetes, severe allergy, asthma, or seizure) if it is so determined to be in my child's best interests by the LCPS Principal or Trip Sponsor, in their sole discretion.

RISK ACKNOWLEDGEMENT AND PARENT PERMISSION - READ CAREFULLY!

- I understand that my child's participation in the field trip is voluntary, that it is not required, and that there will be exposure to activities involving risks of illness, serious injury, or even death. I have read and understand the description of the travel itinerary, activities and events involved in the field trip, and I give my permission for my child to fully participate in all aspects of the trip.
- I understand that there will be extended times during the trip when my child will not be under the direct supervision of the trip sponsor or an adult LCPS chaperone and that it will be necessary for my child to use his/her independent judgment about unexpected situations and excursions beyond LCPS' knowledge and control (for example, home stays with foreign host families).
- I understand that Loudoun County Public Schools (LCPS) will not be responsible for any personal property that may become lost or damaged during this field trip, including baggage, money, credit cards, electronic devices, musical instruments, etc.
- I understand that LCPS does not provide medical or accident insurance for student injuries which may occur while on this trip. I authorize and give permission for my child to receive first aid, emergency medical care and transport, medical treatment, and all other care deemed reasonably necessary for my child's health and well-being in case of accident, injury, or serious illness during the field trip. I understand that I will be responsible for any related medical bills, fees, or costs incurred.
- I understand that all LCPS school rules, regulations and policies apply during this field trip and further understand that parents/guardians may be responsible for transportation to and/or from the airport on the dates provided above or from the field trip destination if necessary.
- I understand that non-refundable tickets purchased by parents and/or students will **NOT** be reimbursed if the trip is canceled due to inclement weather, hazardous conditions, and/or if national conditions or those in our immediate area make it inadvisable to have students on a field trip. LCPS will provide as much advance notice as possible of any cancellations.
- I further understand that LCPS recommends the purchase of travel accident insurance/trip cancellation coverage and that LCPS will not be responsible for payment or reimbursement of travel fees for any reason.

STUDENT AGREEMENT

Student Agreement: While participating in the above stated field trip I will act responsibly, follow directions, maintain good conduct and appearance, and I will safeguard personal property. I further understand that all school rules and policies will apply at all times during this field trip.

Printed Name of Student:

Student's Signature:

Date:

PARENT AGREEMENT AND PERMISSION

Parent Agreement: I have read and understand the description of the field trip to Atlanta Georgia (Destination being visited) which departs on 03/25/2020 (M/D/Y) and returns on 03/29/2020 (M/D/Y). I further give permission for my child to fully participate and I acknowledge and agree to all the conditions and statements throughout this participation form.

Printed Name of Parent/Guardian:

Parent/Guardian's Signature:

Date:

****SIGNATURES INDICATE AGREEMENT WITH ALL CONDITIONS LISTED HEREIN****