LOUDOUN COUNTY PUBLIC SCHOOLS
UNIVERSAL FIELD TRIP PERMISSION FORM – SY 2009-2010

This form (1) must be completed for each student (K-12) participating in a field trip or series of VHSL activities, and (2) must be taken on the bus transporting the student named on each form.

Student's Full Name:	School:
Full Name of Parent/s / Guardian/s:	
Home Address of Student (include number, street, city, state & zip code – **NO** P.O. Boxes):	
Home Phone Number (w/ Area Code): ( )	
EMERGENCY Phone Number/s: 1. ( )_____ Contact's Name:_____ 2. ( )_____ Contact's Name:_____	

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

_____

For overnight or extended field trips only: Do you give permission for your child to receive Tylenol or its generic substitute while on this field trip? (Age/weight appropriate dose will be given.) ☐ Yes ☐ No

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 or overnight 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 assistant.

Name of Child's Primary Care Physician:_____ Phone #_____

Name of Health Insurance Company:_____ Policy/Member #_____

Phone #:_____

Parental Agreements: **I give permission for my child to travel and participate in the field trip described in the attached itinerary or schedule of VHSL activities. In case of emergency, I hereby authorize the school to contact 9-1-1 Emergency services, a physician, and further authorize the school to transport my child, or to have the designated emergency contact pick up and transport my child to a physician or hospital. It is understood that I will assume responsibility for payment of fees incurred.**

_____ on _____
(Destination) (Date/s)

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. Further, **all regular school rules and regulations apply during a field trip.**

_____ _____
(Signature of Parent) (Date)

Please Note: Non-refundable tickets purchased by parents will not be reimbursed if transportation is not available due to inclement weather or other hazardous conditions.

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

An itinerary or VHSL activity schedule must be attached to this form for parent information.