

## ARLINGTON PUBLIC SCHOOLS PARENTAL AUTHORIZATION FOR FIELD TRIP

This Section to be Completed by School Staff		
Student Name:	School:	Grade:
Field Trip (Include Purpose and Planned Activities, if needed):		
Date(s) of Trip:	Time(s) of Trip:	Expense (if any):
Mode of Transportation (check all that apply): <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Charter Bus <input type="checkbox"/> Public Transportation <input type="checkbox"/> Commercial <input type="checkbox"/> Air Vehicles driven by: <input type="checkbox"/> APS Bus Driver <input type="checkbox"/> Staff <input type="checkbox"/> Parents <input 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 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 trip and authorize my child to participate in above referenced 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 of any non-school property. I also understand that if school buses are not provided, that APS does not insure the transportation above. I expressly agree to hold harmless and reimburse the Arlington County School Board, its individual members, agents, employees and representatives, as well as supervisors and chaperones, for any and all losses, damages or injuries sustained 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
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#### 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 cancellation, the trip operator's cancellation policies, as well as those of hotels, bus companies, ticket operators and others providing services in connection with the trip will de

**EMERGENCY CONTACT INFORMATION**  
Contact Information During the Time Period of the Field Trip

Student Name:

Mother or Guardian Name:

Home Phone:

Work Phone:

Cell Phone:

Father or Guardian Name:

Home Phone:

Work Phone:

Cell Phone:

Alternate Contact Name: