

Field Trip Permission Form

Instructions: Please complete this form and read this entire document carefully before signing.

Student's Name: _____ School Name: _____

Trip Destination: _____

Departure Date: _____ Return Date: _____

Please return this form to DCPS Study Abroad before you or your child participates in the field trip.

If you do not understand this form, please contact your Travel Ambassador(s) or study.abroad@dc.gov.

I acknowledge and agree as follows:

- 1a. As a student 18 years of age or older, I acknowledge that I must sign this form before I can participate in the District of Columbia Public Schools (DCPS) field trip listed above.
- 1b. As the parent or legal guardian of a student under 18 who is named above and participating in the DCPS field trip listed above, I acknowledge that I must sign this form before my child can participate in this field trip, and I give permission for my child to participate in this field trip.
- 1c. As the parent or legal guardian of a student who is participating in the DCPS field trip listed above, I acknowledge that I must sign this form before I can participate in this field trip as a chaperone.
2. I acknowledge that I have reviewed and understood all documents provided by DCPS describing the particulars of this field trip, including the location of all activities, the duration, method of transportation, educational merits, inherent risks associated with the activities involved and the voluntary nature of the field trip.
3. All participants in the field trip listed above, including chaperones, will perform only those tasks assigned to him or her, will observe all safety rules, and will use care in the performance of all activities.
4. I acknowledge that there are risks associated with the field trip listed above, and I agree to assume any and all risks as may be reasonably foreseeable to result from such field trip on behalf of myself and/or my child, subject to the limitations set forth in this form. I understand that not all inherent risks connected with the field trip can be described in the documentation provided by DCPS regarding this field trip.
5. I understand that I and/or my child may choose to opt out of participation in any particular component of the field trip listed above, and that attendance on the field trip is in no way conditioned on full participation in every scheduled event.
6. I agree to inform the school nurse and/or principal at the school named above, as appropriate, of any health issues or changes in health status that may affect or limit my and/or my child's participation in the field trip listed above, including, but not limited to, medications being taking, dates of hospitalization in the last year and the reasons for any such hospitalization, any illnesses and any other special health-related issues.

7. Please check the appropriate box below:

- My child does not have a *Medication Plan* on file at school, and will not require the administration of any medication during the field trip.
- My child has a *Medication Plan* on file at school, and will need to have this medication available during the field trip. My child is not authorized to self-administer the medication and a trained administrator of medication will need to be on the trip and be prepared to carry and administer the medication.
- My child has a *Medication Plan* on file at school and will need to have the medication available while on the field trip. My child is authorized to self-administer the medication.
- My child has a *Medication Plan* on file at school and will need to have the medication available while on the field trip, but a trained administrator of medication is not required because I, _____, am chaperoning the field trip and will administer the medication. I acknowledge that my decisions to chaperone the field trip and administer my child's medication are both voluntary and that, if desired, I could have instead requested to have a trained DCPS staff member administer the medication.

- 8.** Should it be necessary for my child under the age of 18 to receive medical treatment while participating in this field trip, I give the District of Columbia Government personnel permission to use their judgment to obtain medical services for my child, and I give permission to the physician selected by the District of Columbia Government personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the District of Columbia Government has no insurance covering any medical or hospital costs incurred in connection with this field trip, and that any costs incurred for any medical treatment shall be my sole responsibility.

Please check the appropriate box or boxes below:

- I am covered by accident/medical insurance (if you will be participating).
 - My child is covered by accident/medical insurance.
 - My child is not covered by accident/medical insurance.
- 9.** I agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit against the District of Columbia or any agency, employee, officer, agent or representative of the District of Columbia with respect to or in any way relating to the field trip listed above, including any claim or lawsuit brought on the basis of negligence, except to the extent such claim relates to an injury, damage or other loss resulting from the intentional or reckless acts or omissions of any agency, employee, officer, agent or representative of the District of Columbia.
- 10.** I understand and acknowledge that it is not always practicable for DCPS to independently evaluate or affirm the credentials or skills of any individual person driving, flying, or otherwise operating any vehicle or vessel used in connection with the field trip. DCPS relies on representations made by contractors regarding the safety and state of any vehicle or vessel used during the field trip.
- 11.** I understand and acknowledge that I have the right to consult with an attorney prior to signing this *Field Trip Permission Form*.
- 12.** I have carefully read, understand, and voluntarily sign this document and acknowledge that it shall be effective and binding upon me, my child and other family members, and my heirs, executors, representatives, assigns and estate.

CONSENT: Check the appropriate box or boxes below:

- I (adult student) agree to participate in this field trip.
- I (parent or legal guardian) give permission for my child to participate in this field trip.
- I (parent or legal guardian) will be participating in this field trip as a chaperone.

By signing this agreement, I understand:

- That DCPS reserves the right to cancel a field trip or other activity at any time. In addition, the District of Columbia and DCPS are not responsible for any financial losses if a field trip or other activity is cancelled for any reason whatsoever.
- That the Directive 310.7 and the student discipline provisions contained in DCMR Title 5, Chapter B25 are in effect and apply to this field trip.
- That a violation of any policy, rule or regulation related to this field trip or student conduct in general may result in the participant being sent home at their expense.

Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect. This Document is made pursuant to and shall be construed under the laws of the District of Columbia. All adults participating in the field trip (including students 18 years of age or older) and the parent or legal guardian of any student under 18 participating in the field trip are required to sign below.

Name of Parent, Legal Guardian,
Participating Adult, or Student 18 Years
Of Age or Older (*Printed*)

Signature

Date

Address of Parent, Legal Guardian, Participating Adult, or Adult Student

Phone Number of Parent, Legal Guardian, Participating Adult, or Adult Student

Emergency Contact Name

Emergency Contract Phone Number

COVID-19 Field Trip Addendum

Updated August 6, 2021

As part of our efforts to keep all employees, students, and community members safe, we ask that the trip sponsor complete the following questionnaire.

Please note that the following persons must not attend field trips due to the risk of exposing others:

- Test positive for COVID-19 test
- Exposure to COVID-19
- Experiencing symptoms of COVID-19
 - Symptoms of COVID-19 may include fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or otherwise feeling unwell.
- Persons who are a close contact of a person with COVID-19 requiring quarantine.
 - Persons who are fully vaccinated or who tested positive for COVID-19 in the previous 90 days do not have to quarantine if they are exposed.

Basic Information and Acknowledgement

Instructions: Please complete this form and read this document carefully before signing.

School Name: _____

Trip Sponsor's Name: _____ Trip Sponsor's Title: _____

E-mail Address: _____ Phone #: _____

I acknowledge and agree as follows:

1. I have designated a point person to receive training from a PCT and conduct health screenings for all staff, chaperones, and students attending the field trip. Yes No
2. I have packed sufficient hand sanitizer and 2 masks per person for all in attendance. Yes No
3. I have communicated the most up to date COVID-19 health and safety protocols to students and families. Yes No
4. The field trip location aligns with district guidelines and takes place within the DC, Maryland, and Virginia area. Yes No
5. I have reached out to my Cluster Assistant to ensure I have the most updated COVID-19 Field Trip Addendum. Yes No
6. All field trip sponsors, chaperones, and students, regardless of vaccination status, should adhere to the most current Health and Safety Policy including guidelines for health screening, masks, and social distancing. Yes No

Trip Sponsor's Signature

Date