

Field Trips Permission Form



Overview:

As a part of the initiative, *Reign: Empowering Young Women as Leaders*, DCPS is excited to host the second annual We the Girls Young Women's Leadership Conference on Saturday, June 1, 2019 at Eastern Senior High School. The conference will be a day of celebration, enrichment and inspiration for our young women of color in grades 5-12 with a keynote address from Glory Edim, author of *Well-Read Black Girl*. We will spend the day exploring invigorating topics including self-identity, healthy relationships, STEM, yoga and mindfulness, and college preparation, as well as ending the day with a student talent showcase.

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

Student's Name: _____ School Name: _____

Please return this completed and signed form via email Kristen.moore2@dc.gov or bring completed form to the conference. Students will not be able to participate in the conference without a completed form.

If you do not understand this form, please contact Kristen Moore (Kristen.moore2@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 in Appendix A.
- 1b. As the parent or legal guardian of a student under 18 who is named above and participating in the DCPS field trips listed in Appendix A, I acknowledge that I must sign this form before my child can participate in the field trips, and I give permission for my child to participate in the field trips.

- 1c. As the parent or legal guardian of a student who is participating in the DCPS field trips listed in Appendix A, I acknowledge that I must sign this form before I can participate in the field trips as a chaperone.
2. I acknowledge that I have reviewed and understood all documents provided by DCPS describing the particulars of the field trips, 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 trips.
3. All participants in the field trips listed in Appendix A, 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 trips listed in Appendix A, and I agree to assume any and all risks as may be reasonably foreseeable to result from such field trips 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 trips can be described in the documentation provided by DCPS regarding the field trips.
5. I understand that I and/or my child may choose to opt out of participation in any particular component of the field trips listed in Appendix A, and that attendance on the field trips is in no way conditioned on full participation in every scheduled event.
6. I agree to inform the program lead (mentioned 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 trips listed in Appendix A, 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 trips.
 - ☐ My child has a *Medication Plan* on file at school, and will need to have this medication available during the field trips. My child is not authorized to self-administer the medication and a trained administrator of medication will need to be on the trips 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 trips. 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 trips, but a trained administrator of medication is not required because I, _____, am chaperoning the field trips and will administer the medication. I acknowledge that my decisions to chaperone the field trips 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 the field trips, 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 the field trips, 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 trips listed in Appendix A, 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 trips. DCPS relies on representations made by contractors regarding the safety and state of any vehicle or vessel used during the field trips.
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 the field trips.
- ☐ I (parent or legal guardian) give permission for my child to participate in the field trips.
- ☐ I (parent or legal guardian) will be participating in the field trips 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 the field trips.
- That a violation of any policy, rule or regulation related to the field trips 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 trips (including students 18 years of age or older) and the parent or legal guardian of any student under 18 participating in the field trips 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 Contact Phone Number

Appendix A: Field Trip

The terms and conditions of this Field Trips Permission Form apply to all field trips listed below.

Destination: Eastern Senior High School, 1700 East Capitol Street, NE, Washington, DC 20002

Date: Saturday, June 1, 2019

Start time: 9:00 am

End time: 2:30 pm