

Maggie L. Walker Governor's School for Government and International Studies
1000 N. Lombardy Street . Richmond, VA . 23220
Field Trip Form

IMPORTANT Directions:

1. Attach parent letter with itinerary, contacts, and budget;
2. Complete all information above the dotted line and copy one for each student;
3. Send home for parent's and student's signature;
4. Copy the signed forms of only the students who are going. Leave in Room 100 before trip departs.

Specific (One time) trip Water Related Date: Nov. 19-20 Teacher: S. Ross

Repeating Trip Water Related Date: _____ Teacher: _____

Explanation of Repeating Trip: Weekly? Monthly?

Destination: Richmond Convention Center

Purpose: To Attend The VIJCL Convention (Latin Convention)

Supervision:

- Students will be directly supervised by adults on this trip.
- Students will be supervised by adults on this trip with the following exceptions(s):

Luggage Search

- Parent signature required on back of form.

Transportation: (Check all that apply.)

- Walking School Bus Commercial Carrier Private Vehicle
- None (provide own) Leased Vehicle County Vehicle

Drivers of Private or Leased Vehicles (Check all that apply.)

- Student Parent Teacher or Staff Member Other Adult

Approvals

Signatures of Department Chair and Director/Coordinator of Administration are required on all Field Trip Permission Forms.

Heaven Freeman 10/31/17 MSmith 10/31/17
Department Chair Date Director/Coordinator of Administration Date

Pupil Agreement

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times. I understand that the school's code of conduct is in effect at all times.

Signature of Student _____ Date _____

Parent Permission

I give permission for _____ to participate in the field trip(s) described above. I understand that neither the Governor's School nor their sponsors accept responsibility for any unforeseen injuries or accidents that my child receives while on the field trip. In the case of injury, I give my permission for _____ to seek appropriate medical treatment, if I cannot be reached. I understand that this is a school sponsored trip and the student code of conduct applies at all times. By signing this form, you acknowledge that you have reviewed the attachment and have carefully considered the particular risks or hazards, including any related to water activities, if any, and associated with your child's participation in the activity.

Signature of Parent/Guardian _____ Date _____

- My student may participate in the field trip, but NOT the water related activities.

Tel. No.: _____ Emergency No.: _____ Medical Concerns/Allergies: _____

Physician's Name: _____ Physician's Tel. No. _____

Insurance Company: _____ Policy No. _____

Field Trip Luggage Search Consent

Note: No student will be allowed to participate in the school activity scheduled for departure on _____ unless the section below is completed and signed by the appropriate person.

Select One:

- I give consent to officials of the Maggie L. Walker Governor's School and their official designated representatives for an exploratory search of my student's luggage for any illegal or prohibited items prior to departure.
- I have checked the contents of my student's luggage and the luggage does not contain any illegal or prohibited items prior to delivery of the luggage.

In addition to the above checked item, I give consent for any search, deemed advisable, of my student's lodgings or luggage while on this trip.

Signature of Parent or Guardian

Date

Authorization/Parental Consent for Administering Prescription Medication
 (Use a separate authorization for each medication. Copy and complete as necessary.)

Student's Name: _____

Parental Consent

I give my permissions for _____ to take the following prescribed medication while participating in a Maggie L. Walker Governor's School field trip or study program. I hereby release the Maggie L. Walker Governor's School for Government and International Studies and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless of any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the licensed prescriber.

Parent/Guardian

Daytime Phone

Date

Medication Authorization
 (For Use by Licensed Prescriber Only)

Relevant Diagnosis: _____

Medication: _____

Dates medication must be administered at school: Short Term (List dates to be given) _____

Every day

Episodic/Emergency Events ONLY

Dosage (Amount): _____ Route: _____ Form: _____ Time(s) of Day _____

A. Can serious reactions occur if the medication is not given as prescribed? If YES, please describe:

B. Do serious reactions/adverse side effects from this medication occur? If YES, please describe:

C. Action treatment for reactions: _____

Report to you? Yes No (Drug information sheet may be attached.)

Special handling instructions: Refrigeration Keep out of sunlight Other: _____

Asthmatic/Diabetic ONLY

This student is both capable and responsible for self-administering this medication:

No

Yes - supervised

Yes- unsupervised

Licensed prescriber's name: _____

Telephone number: _____ Emergency number: _____

Signature: _____ Date: _____