

Parent Authorization: PreK – Grade 12 Using Bus Transportation for Field Trips

Singers in Belle Voce or Voce Unificato

Singers will be dismissed from class at 11:00 am to change, eat, and warmup.

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| School <u>Deep Run High School</u> | School Departure Time <u>12:30 pm</u> | School Return Time <u>3:30 pm</u> |
| Sponsoring Teacher/Coach <u>Amy El-Khoury</u> | Transportation <input checked="" type="checkbox"/> School Bus <input type="checkbox"/> Chartered Bus Vendor | |
| Date Sent to Parents <u>3.16 or 3.17</u> | Purpose/Unit of Study <u>choral music, VMEA District I Choral Assessment</u> | |
| Date of Field Trip <u>March 23</u> | | |
| Destination <u>District I Performance Assessment- St. Christopher's School</u> | | |
| Address <u>711 St. Christopher's Road</u> | Non-refundable Student Cost <u>has been paid by DTHS/VMB</u> | |
| City, State <u>Richmond, VA 23226</u> | (Due two-weeks prior to the field trip.) | |

The safety, security, and supervision of the students is paramount on and off our school facilities. Therefore, the students will be under the direct supervision of the teachers/coaches and approved chaperones at all times during a school-sponsored field trip. Regardless of being transported by a HCPS school/activity bus or by a chartered bus, students must return to the school by the same manner, unless written arrangements were made by the student's parent/legal guardian in person and approved by the Principal at least 48 hours prior to the field trip.

All selected adult chaperones must have an approved HCPS Volunteer/Mentor Application on file at the school at least 48 hours prior to the field trip and must have completed an orientation session. If a parent/legal guardian is not selected as a chaperone and decides to join the field trip at the site, he/she must notify the Principal and submit a HCPS Volunteer/Mentor Application at least 48 hours prior to the field trip. Individuals failing to provide advance notice to the school Principal or who do not have an approved HCPS Volunteer/Mentor Application on file at the school will not be allowed to be in close proximity to any student at the field trip site.

Please indicate below if your child has an injury, medical condition, or allergy and if it is necessary for your child's teacher/coach to carry any medication for your child. NO YES If YES, a medication permission form **must be on file** with the school clinic for any medication to be taken on the field trip by the teacher/coach.

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS. I understand that my child's participation in this field trip is voluntary, that it may include recreational, amusement or physical activities, and that participation in any such activities may expose my child to at least some risk of injury or even death. Accordingly, I agree to assume the risks of injury, including death, damage, or loss. I further understand that the Henrico County School Board, its officers, agents, and employees are not liable for physical injuries resulting from acts or omissions constituting simple negligence. I have read and understand the itinerary and authorize my child to participate in the planned components of the trip to the extent indicated by my signature below. I also understand that participation in the trip will involve activities off school property; therefore, neither the Henrico County School Board, nor its officers, agents, employees or volunteers have any responsibility for the condition or use of any non-school property.

As the parent/legal guardian, I give my consent for my child _____
(First) (Middle) (Last)

to participate on the field trip indicated above. Please include cash or a check made payable to the school on or before _____.

Parent/Legal Guardian Signature: _____ Date: _____ Primary Phone: (____) _____
Secondary Phone: (____) _____

REQUEST TO BECOME AN ADULT VOLUNTEER CHAPERONE

I understand the expectations and wish to be considered a chaperone. If selected, the non-refundable chaperone cost is \$ N/A. It is also due by the date indicated above.

Parent/Legal Guardian Signature: _____ Date: _____

We will need 2-3 parents each day.