

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



DCPS Study Abroad Student Code of Conduct

DCPS Study Abroad (dcpsglobaled.org) is a global education program of the District of Columbia Public Schools (DCPS), which allows our global citizens to access global experiences, so that travel becomes the expectation rather than the exception for students. DCPS Study Abroad includes fully funded short-term study abroad programs on language immersion, service learning or global leadership for eligible DCPS students.

All students who participate in DCPS Study Abroad agree to participate in pre-departure, during travel and post-travel activities, to maximize their learning experience and to ensure that they will be safe on their trip. For their own safety and the safety of others, all students participating in DCPS Study Abroad must adhere to their trip's itinerary during travel, and they must abide by the DCPS Study Abroad Code of Conduct.

Expectations for Student Travelers:

- 1. Behavior:** I understand that how I conduct myself during travel reflects on me, my fellow students and trip leaders, the DCPS Study Abroad program and other groups and organizations we represent including our schools, city and country. Because I will be part of a large group in a foreign place, I understand that we may attract the attention of local residents whose appearance, customs and culture may be different from our own. I agree to be respectful of these differences, which means that I will use appropriate language and choose appropriate clothing. I agree to promote peace and will avoid physical, verbal or emotional violence against myself and others while on this trip. I understand that students caught promoting violence of any kind during the trip may be sent home at the expense of their parent(s)/guardian(s). I understand that I am expected to share my questions or concerns in advance of traveling and during travel with DCPS Study Abroad trip leaders ("Travel Ambassadors"). I understand that I am expected to abide by my assigned trip's itinerary and will participate to the best of my abilities as a part of this group in all activities assigned during my trip.
- 2. Weapons, Substance Abuse, Alcohol and Drugs:** I understand that the DCPS Study Abroad program is a global education program of DCPS and, therefore, I am forbidden to use or be in possession of any controlled substances, including tobacco and other drugs, alcohol and weapons. I agree not to bring these items with me, use them or seek them out while participating in the DCPS Study Abroad program. I understand that students caught breaking this agreement during the trip may be sent home at the expense of their parent(s)/guardian(s).
- 3. Peer Relationships:** I understand that travel can be an experience that creates strong bonds and new friendships between people. I understand that making friends through this program is highly encouraged. However, public and private displays of affection are not appropriate and I

agree to avoid them during my trip. I agree that visiting with fellow students in their rooms must always be done with the consent (and perhaps the supervision) of an adult trip leader (“Travel Ambassador”).

- 4. Accommodations:** I understand that we will be rooming in safe and clean places but these places may be unusual compared to what I experience at home. In some cases, I will share a room with one or more student(s) of the same gender in our group. I agree to conduct myself in my room/our room in a way that is thoughtful, considerate, safe and respectful of the property of others.
- 5. Personal items:** I understand that what I bring on this trip is my choice, and I will be thoughtful about what I bring. I understand that DCPS Study Abroad cannot guarantee the safekeeping of personal valuable items, and I will avoid bringing them. I agree to avoid bringing items—including tobacco and other drugs, alcohol and weapons—that may endanger myself or others. I understand that personal electronic devices such as cell phones are permitted; however, I agree that I will be mindful of using these devices in a way that allows me to engage with my group and I agree to store them when necessary. I agree to respect the personal items and possessions of others.
- 6. Safety:** I understand that the safety of myself and others is extremely important during this trip. I agree to conduct myself in a way that promotes my safety and the safety of others at all times. I agree to follow the directions of the adult trip leaders and DCPS Study Abroad Travel Ambassadors in my group.

Expelling a Student:

I understand and agree that DCPS Study Abroad staff and trip leaders have the right and responsibility to enforce the Student Code of Conduct as specified above. In case a student has to be sent home due to misconduct, DCPS Study Abroad trip leaders or program staff will accompany the student to the airport and ensure check-in. The student will fly back to the USA as an unaccompanied minor. DCPS Study Abroad trip leaders and program staff will request that the airline in question will take care of the minor but cannot ensure or be held responsible for the safety of the student once that student is no longer under the direct supervision of DCPS Study Abroad program staff or trip leaders. DCPS Study Abroad trip leaders and staff will make every effort to ensure the student be sent home to an airport in the DC area (Dulles, BWI, or Reagan National airport) but cannot guarantee a direct flight home for the student, and the student may have to change flights at an airport alone. The student’s parent(s)/legal guardian(s) will be responsible for paying for any additional cost of sending the student home. DCPS Study Abroad will make every effort to purchase a flight back to the USA at a cost comparable to the group fare but cannot be held responsible for the actual cost. If a flight home is not possible (due to flight availability), the offending student will be isolated from the group and appropriate disciplinary measures will be imposed. These can include, but are not limited to, exclusion from social group activities, additional clean-up duties or similar measures.

Agreement and Consent Form

Student Information

Student's First Name: _____

Student's Middle Name or Initial (optional): _____

Student's Last Name: _____

Student's School: _____

Student's Assigned Trip: _____

Parent/Legal Guardian Information

Parent's/Legal Guardian's First Name: _____

Parent's/ Legal Guardian's Last Name: _____

Parent's/ Legal Guardian's Phone Number: _____

Parent's/ Legal Guardian's E-mail Address: _____

Student Signature

I have read this document and understand my responsibility to conduct myself in a way that keeps me and others safe during travel. I fully understand and agree to comply with the DCPS Study Abroad Student Code of Conduct.

Student's Signature: _____

Date: _____

Parent's/Legal Guardian's Signature

I have read this document and discussed the contents with my child/the student in my care. I understand and give permission for my child/the student in my care to travel with DCPS Study Abroad, and I fully support program staff and trip leaders in enforcing the DCPS Study Abroad Student Code of Conduct.

Parent's/Legal Guardian's Signature: _____

Date: _____