



P. O. Box 169  
Goochland, Virginia 23063  
(804) 556-5630

## PreK-12 Field Trip Information and Parent Authorization for a School-Related Trip

To enhance \_\_\_\_\_'s (student's name) learning, a school-related trip has been planned for the students to visit J Sargeant Reynolds CC in Goochland, VA on 2017-2018.  
(Destination) (City, State) (Date)

We will leave the school grounds at \_\_\_\_\_ am/pm and return at approximately \_\_\_\_\_ am/pm. The student cost is \$ n/a.  
Checks must be made payable to the school and are due before n/a. **Please note all field trip costs are non-refundable.**

As the parent/legal guardian, I give my consent for \_\_\_\_\_ in \_\_\_\_\_  
(First) (Middle) (Last) (Teacher)

class to  walk with the class,  travel by a school bus,  travel by a commercial carrier, or  by other means as indicated by the alternative transportation authorization form to the destination indicated above.

In the event of any illness or injury, by initialing below, I hereby consent to whatever x-ray, C/T scan, MRI, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and the hospital care from a licensed dentist, physician, and/or surgeon as deemed necessary for my child's safety and welfare. It is understood that the resulting expenses will be the responsibility of the parent/guardian and not Goochland County or the School Board of Goochland County. **Please initial:** \_\_\_\_\_

**Emergency Telephone Numbers:** Primary Number \_\_\_\_\_ Secondary Number \_\_\_\_\_

- Does your child have any injury, medical condition, or allergy? If so, please describe and include any specific related instructions.

- Is it necessary for your child's teacher to carry any medication for your child? If yes, please list medication. A medication permission form **must be on file** with the clinic for any medication taken on the field trip.

\_\_\_\_\_  
(Medication) (Dosage) (Time)

By signing below, I agree to release and hold harmless Goochland County and the School Board of Goochland County and their officers, agents, and employees from liability for any accident, injury, illness or death, sustained by my child in connection with the above activity, including the participation of and the transportation to and from such activity. In addition, I agree to hold harmless Goochland County and the School Board of Goochland County and their officers, agents, and employees from any claims for damages to property arising out of the participation of and the transportation to and from the above activity.

I have read this agreement and agree to the conditions stated above.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request to be Considered a Chaperone on a GCPS Field Trip Until we have a definite number of students participating on this field trip, we cannot grant requests from parents to serve as chaperones. To be considered as a chaperone, you must have a GCPS Volunteer/Mentor Application on file and cleared by the school's Volunteer Coordinator at least 48 hours prior to the field trip. Based on the Volunteer/Mentor Application, you have already acknowledged that you have received and read copies of the GCPS Guidelines for Volunteers and the Code of Student Conduct. As a selected chaperone of GCPS students, you will be responsible for the safety and security of your assigned group of students during the entire field trip. The cost for adult chaperones may be slightly higher due an adult admission fee. The chaperone cost is

\$ n/a. All field trip costs are non-refundable.

n/a wish to be considered as a chaperone to the destination indicated above. Please initial: n/a

**Goochland County Public Schools**  
**Secondary Field Trip Alternative Transportation Authorization Form**

**COMPLETE IF STUDENT IS DRIVING:**

I hereby give permission for my son/daughter \_\_\_\_\_ to drive himself/herself and  
other students \_\_\_\_\_  
of \_\_\_\_\_ to \_\_\_\_\_  
on \_\_\_\_\_

(student's name)  
(student names)  
(name of school) (destination)  
(date of trip)

I understand that the Goochland County School Board will not be providing transportation to and from the activity and that the transportation will be provided by the above listed person. I agree to release and hold harmless Goochland County and the School Board of Goochland County and their officers, agents, and employees from liability for any accident, injury, illness or death, sustained by the above student in connection with the transportation to be provided by the above listed person. In addition, I agree to hold harmless Goochland County and the School Board of Goochland County and their officers, agents, and employees from any claims for damages to property arising out of the transportation to be provided by the person listed above.

I have read this agreement and agree to the conditions stated above.

\_\_\_\_\_  
(date) (signature of parent/legal custodian) (date) (signature of student)

**COMPLETE IF STUDENT IS RIDING WITH A TEACHER:**

I hereby give permission for my son/daughter \_\_\_\_\_ to ride with  
\_\_\_\_\_, a teacher at \_\_\_\_\_  
to \_\_\_\_\_ on \_\_\_\_\_

(teacher's name) (name of school)  
(destination) (date)

I understand that the Goochland County School Board will not be providing transportation to and from the activity and that the transportation will be provided by the above listed person. I agree to release and hold harmless Goochland County and the School Board of Goochland County and their officers, agents, and employees from liability for any accident, injury, illness or death, sustained by the above student in connection with the transportation to be provided by the above listed person. In addition, I agree to hold harmless Goochland County and the School Board of Goochland County and their officers, agents, and employees from any claims for damages to property arising out of the transportation to be provided by the person listed above.

I have read this agreement and agree to the conditions stated above.

\_\_\_\_\_  
(date) (signature of parent/legal custodian) (date) (signature of student)

**COMPLETE IF STUDENT IS RIDING WITH ANOTHER STUDENT/PARENT:**

I hereby give permission for my son/daughter \_\_\_\_\_ to ride with  
\_\_\_\_\_ to \_\_\_\_\_  
on \_\_\_\_\_

(student's name)  
(student's/parent's name) (destination)  
(date)

I understand that the Goochland County School Board will not be providing transportation to and from the activity and that the transportation will be provided by the above listed person. I agree to release and hold harmless Goochland County and the School Board of Goochland County and their officers, agents, and employees from liability for any accident, injury, illness or death, sustained by the above student in connection with the transportation to be provided by the above listed person. In addition, I agree to hold harmless Goochland County and the School Board of Goochland County and their officers, agents, and employees from any claims for damages to property arising out of the transportation to be provided by the person listed above.

I have read this agreement and agree to the conditions stated above.

\_\_\_\_\_  
(date) (signature of parent/legal custodian) (date) (signature of student)