

**BALTIMORE COUNTY PUBLIC SCHOOLS (BCPS)
PARENT/GUARDIAN PERMISSION FORM
OVERNIGHT FIELD TRIP/FOREIGN STUDY PROGRAM**

TO BE COMPLETED BY THE SCHOOL/OFFICE

School Name:	Student Name:
Date(s) of Trip:	Destination:
Sponsoring Teacher:	Sponsoring Teacher Phone No.:

Purpose of Overnight Field Trip/Foreign Study Program – Relationship to curriculum/activities:

BCPS Approved Transportation: _____ School Bus _____ Contract Bus _____ Parent will provide transportation*

_____ Airplane (arranged by BCPS-approved travel agent)

_____ Other - please specify: _____

**For overnight field trips only:*
Note: Advance approval by the school principal is required for a parent to provide transportation for overnight field trips. The Board of Education of Baltimore County does not cover, nor is it liable for, comprehensive and collision coverage for the use of a private vehicle for school-sponsored activities.

IF YOUR CHILD, OR THE STUDENT FOR WHOM YOU ARE RESPONSIBLE, DOES NOT HAVE PERMANENT AND ADEQUATE HOUSING, IS TEMPORARILY STAYING IN A SHELTER, GROUP HOME OR WITH FRIENDS/FAMILY DUE TO ECONOMIC HARDSHIP, PLEASE CONTACT THE SCHOOL PRINCIPAL TO ASK FOR A WAIVER AND A COPY OF THE BROCHURE ENTITLED
HELP FOR STUDENTS EXPERIENCING HOMELESSNESS.

Lodging (arranged by BCPS authorized travel agent):
Motel/Hotel Name: _____
Address: _____ Phone No.: _____

Students will be housed _____ (number students) per room and will be chaperoned by: _____

The cost to the student is: \$ _____. A schedule of fees and detailed itinerary are attached.

Students will leave from: _____ on _____ at _____.
(place) (date) (time)

Students will return to: _____ on _____ at about _____.
(place) (date) (time)

In the event the field trip schedule does not coordinate with the regular bus schedule, the following drop off/pick up arrangements apply:
() Parents must drop their child off at school by no later than _____ (time).
() Parents must pick up their child within 15 minutes of the scheduled return time noted above.

PRINCIPAL'S APPROVAL: _____ SPONSORING TEACHER: _____

--- PARENT/GUARDIAN: PLEASE COMPLETE AUTHORIZATION AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION SECTIONS ON PAGE 2 ---

AUTHORIZATION

I understand that my child’s participation in this field trip is voluntary. I have read and understand the description of the field trip and authorize my child to participate in the activity. I understand that if I use my private vehicle to transport my child on an overnight field trip, that the Board of Education of Baltimore County does not cover, nor is it liable for, comprehensive and collision coverage. I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the BCPS Code of Student Conduct, and to abide by all decisions made by teachers, staff and those in authority. I agree that BCPS has the right to enforce these rules, standards, and instructions. I agree that BCPS has the right to enforce these rules, standards and instructions. I agree that my child’s participation in this trip may at any time be terminated by BCPS in the light of my child’s failure to follow these regulations, or for any reason which BCPS may deem to be in the best interest of BCPS, and that my child may be sent home at my own expense. I fully understand and have explained to my child that failure to follow the Code of Student Conduct may result in disciplinary action.

(Signature of Parent/Guardian)

(Signature of Student)

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I certify that my child has no special medical or physical conditions which would impede participation in this field trip. I agree to disclose to BCPS any medications and/or prescriptions which my child shall or should take at any time during the duration of the field trip and complete the *Request to Administer Medication/Treatment Form*.

In a serious emergency, your son/daughter may have to be taken to the nearest hospital emergency room. Should such action be necessary, you will be notified as soon as possible and will be responsible for any charges incurred.

In the event of serious illness or injury to my child, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones to act on behalf of my child while participating in the field trip.

Parent/Guardian Signature

Date

The parent/legal guardian must complete the information below:

Print First and Last Name: _____

Address: _____

Telephone: (Cell) _____ (Home) _____ (Work) _____

Emergency Contact’s Name: _____

Relationship to Student: _____

Emergency Contact’s Telephone #: _____

RETURN THE COMPLETED FORM TO THE SPONSORING TEACHER.

IF YOU HAVE QUESTIONS OR CONCERNS REGARDING THE OVERNIGHT FIELD TRIP/FOREIGN STUDY PROGRAM, PLEASE CONTACT THE TEACHER SPONSORING THE TRIP. FOR ALL HEALTH AND MEDICATION QUESTIONS AND CONCERNS, CONTACT THE SCHOOL NURSE AT YOUR CHILD’S SCHOOL.