

CULTURAL EXCHANGE PROGRAM PARENT/GUARDIAN PERMISSION FORM

Directions:

- BCPS Staff:**
- 1) Use one form per cultural exchange program trip.
 - 2) Complete the school portion of form.
 - 3) Duplicate one form per student.
 - 4) Send a copy home for parent and student signatures.
 - 5) During the trip, the signed, original form must be carried by the lead chaperoning teacher and a photocopy must be retained on file in the school/office and with the Executive Director, Special Programs.
- Student:**
- 1) Complete the "Student Agreement" on page 1.
- Parent / legal guardian:**
- 1) Complete the "Authorization and Acknowledgement of Risks" and "Medical Authorization" on page 2.
 - 2) Complete the "Authorization to Carry and Self-Administer Medication," Rule 6801, Form I, if applicable.

TO BE COMPLETED BY THE SCHOOL/OFFICE	School Name:	Student Name:
	Date(s) of Trip:	Destination:
	Purpose/Description (Blueprint alignment):	
	Name/Address of Host School:	
	Fees: The Estimated Cost to the Student: \$ _____ A schedule of fees and detailed information is attached.	
	Students will leave from: _____ at _____. (city/airport) (time)	
	Students will return to: _____ at about _____. (city/airport) (time)	
Chaperoning Teacher(s) : _____ _____		

STUDENT AGREEMENT

While participating in this cultural exchange program, I understand that I will be representing Baltimore County Public Schools (BCPS), my family, state, and country and will do so in a positive manner. I will fully comply with the responsibilities outlined in the Student Ambassador Contract. I further understand that participation in the program is dependent upon adherence to the BCPS Code of Conduct, Board policies, Superintendent's rules, and procedures established for the Cultural Exchange Program.

Student Signature

Date

AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my child’s participation in this cultural exchange program is voluntary and may expose my child to some risk(s). I have read and understand the description of cultural exchange program and authorize my child to participate in the program.

I assume full responsibility for any risk of personal or property damages arising out of or related to my child’s participation in this trip, including any acts of negligence or otherwise that are committed by my child, from the moment that my student is under BCPS supervision and throughout the duration of the program. I further agree to indemnify and to hold harmless BCPS and any of the individuals and other organizations associated with BCPS in this cultural exchange program, including but not limited to any other service including transportation, from any claim or liability arising out of my/my child’s participation in this cultural exchange program.

I understand that BCPS is not responsible for my child’s supervision during such periods of time when my child may be absent from a BCPS supervised activity.

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 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 my child’s participation in this cultural exchange program 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.

My child assumes full responsibility for the obtaining and safekeeping of all necessary documents required for participation in this cultural exchange program, including, but not limited to a valid passport, visas, and photographic identification.

MEDICAL AUTHORIZATION

I certify that my child is in good physical and mental health and my child has no special medical or physical conditions which would impede participation in this cultural exchange program.

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 cultural exchange program and complete the “Authorization to Carry and Self-Administer Medication” Form.

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 above described program.

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: (student) _____ to participate in all aspects of this program.

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 #s: _____