



# Fairfax High School

Music Department  
3501 Rebel Run  
Fairfax, VA 22030

**Mandatory Spring Trip Meeting Date:**

**Thursday, March 10, 2010 at 7:00 PM**

**Band – J145**

**Chorus – J165**

**Orchestra – Cafeteria**

Students will be required to turn in the following completed forms to school officials at the **mandatory** trip meeting:

1. Field Trip Permission/Teacher Notification Form
2. Permission to Travel and Authorization for Medical Care/Treatment (**Notarized**)
3. Medication Information
4. Spring Trip Activities Authorization/Instrument Inventory
5. Expectations Contract
6. Field Trip Luggage Search
7. Parental Authorization and Acknowledgment of Risk for Field Trips

While traveling on the spring trip, all students are required to have, and carry with them at all times, photo identification.

The following are accepted forms of photo identification:

1. Current Passport
2. Military Dependent's Identification
3. Driver's License or Learner's Permit
4. Children's ID Card\*
5. School Photo Identification

\* Available from the Virginia Department of Motor Vehicles for \$10.00. One identification document for the child such as a birth certificate, military dependent ID card, or passport is required to obtain this permit.

Students will be asked to show this identification to school officials at the **mandatory** trip meeting and again before we depart Fairfax.

**FIELD TRIP PERMISSION / TEACHER NOTIFICATION FORM**

FIELD TRIP DESTINATION(S): *Myrtle Beach, South Carolina*

DATES OF TRIP: *March 25-28, 2010*

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_

TRANSPORTATION:  Walking  School Bus  Commercial Carrier  Private Vehicle

PURPOSE OF THE FIELD TRIP: *To compete in the 2010 FiestaVal in Myrtle Beach, South Carolina ~~Disney~~*

PUPIL AGREEMENT

While participating in this field trip experience, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times. I understand that it is my responsibility to see my teachers regarding all missed assignments and to make up all work missed.

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Student's Signature*

PARENT PERMISSION

I give my permission for \_\_\_\_\_ to participate in this field trip. I understand that the school will provide supervision for the trip. No special insurance is provided by the School Board, however, the school time accident insurance taken by many pupils and the standard liability insurance for buses will apply to this activity.

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Parent's/Legal Guardian's Signature*

Telephone number where parent may be reached during the day: \_\_\_\_\_

TEACHER NOTIFICATION

TEACHER/PERSON IN CHARGE: *Meghan Benson, Cindy Crumb, Luke Frels, and Anna Sengstack*

**Note: Class dates that will be missed: *Thursday and Friday, March 25-26, 2010***

Per.	Subject	Initial	Remarks
1			
2			
3			
5			
6			
7			
8			

**Permission to Travel and  
Authorization for Medical Care/Treatment  
Fairfax High School Music Department**

We hereby give our permission for our son/daughter, \_\_\_\_\_, to travel with the Fairfax High School Music Department and Fiestaval on an educational tour of the Myrtle Beach, South Carolina area. Furthermore, we hereby authorize the music directors and officially designated chaperones to seek medical treatment for our child in case of any medical emergencies.

*Please fill out this form completely except for the signature. You will sign the form at the time that it is notarized. Picture identification will be required for notarization.*

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_ Birth Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Name of Parent(s)/Guardian(s) with whom the child resides:

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

List two persons we should call in an emergency if the parent(s)/guardian(s) cannot be reached:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent's/Guardian's employer \_\_\_\_\_

Name of medical insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_ Contact Phone (\_\_\_\_) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

School health insurance purchased? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any health problems or allergies we should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child had a tetanus shot current to within six years? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
*Parent's/Legal Guardian's Signature*

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for  
The Commonwealth of Virginia  
My Commission Expires \_\_\_\_\_

# Medication

Participant Name (PLEASE PRINT) \_\_\_\_\_

It is very important that we have a **complete** list of all medications your child uses, whether they are prescription or over the counter.

The information listed below will be kept in the strictest of confidence. Only the directors and your child's chaperone will be aware of medications your child takes. In case of an emergency, this information can be vital in getting appropriate treatment for your child.

List **all** medications your student will have in their possession. **If you prefer, an adult will hold and administer medication to your child.** Should there be any changes in medications before the trip, please notify your child's director in writing.

List any medications (prescription and over-the-counter) taken on a regular basis that your child will have with them on the trip.

Medication:

Dosage:

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like an adult to hold and administer medication to my child. Yes \_\_\_\_\_ No \_\_\_\_\_

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If you think your child will occasionally require any over-the-counter medication while they are in ~~Gatlinburg~~ **Myrtle Beach**, such as Tylenol or Sudafed, they may bring their own supply. However, we will carry a First Aid Kit that will have a minimal supply of several over-the-counter medications.

\* \* PARENTS: Indicate below which over-the-counter medications may be given to your child by a designated adult chaperone.

An adult chaperone may administer the following medications to my child.

Acetaminophen:	yes _____	no _____
Ibuprofen:	yes _____	no _____
Decongestant:	yes _____	no _____
Antihistamine:	yes _____	no _____
Antacid:	yes _____	no _____
Anti-diarrhea:	yes _____	no _____
Laxative:	yes _____	no _____
Cough/cold medicine:	yes _____	no _____
Motion sickness medicine:	yes _____	no _____

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

## SPRING TRIP ACTIVITIES AUTHORIZATION

On March 25-28, 2010, the Fairfax High School Music Department will be taking part in its annual spring trip and music competition. We will be traveling via Sunshine (commercial buses) to and from Myrtle Beach, South Carolina. During this time we will be enjoying the sights and participating in the following activities (some are optional):

Dining at various restaurants en route and in Myrtle Beach  
Shopping at a grocery store  
Enjoying the beach  
Cruising on the Inland Waterway  
Shopping and entertainment at Barefoot Landings or Broadway at the Beach  
Swimming at the condo indoor/outdoor pools and lazy river  
Playing basketball or tennis  
Using the condo association's exercise room  
Viewing the Carolina Opry Show  
Adjudication  
Awards Ceremony

Does your child know how to swim?  YES  NO

I understand the above list of activities are scheduled during the 2010 Music Department Spring trip to Myrtle Beach, South Carolina on March 25-28, 2010 and to the best of my knowledge, my son/daughter is capable of participating in these activities.

Please Explain Any Exceptions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Parent's/Legal Guardian's Signature:* \_\_\_\_\_

*Student's Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

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### *Instrument Inventory*

Student Name (Printed) \_\_\_\_\_

I am a member of the (check all that apply) {[ ] Band [ ] Percussionist\*} [ ] Chorus\* [ ] Orchestra

**List all personal and school owned instruments you will be taking and responsible for on this trip.**

\*If you are a chorus member or a percussionist you do not need to fill out this part of the form.

Instrument(s) type

Manufacturer(s)

Serial Number(s)

Approx. Value(s)

Personally owned or

School owned



# Fairfax High School

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Music Department  
3501 Rebel Run  
Fairfax, VA 22030

## Expectations Contract

Fairfax County Public Schools' rules and regulations will be in effect during this trip. Violations of the smoking, substance abuse, behavior, or weapons regulations will be handled in the prescribed manner. **This includes the option of sending your child home immediately at your expense.** My child, \_\_\_\_\_, and I understand and agree to the behavioral and musical expectations while on the trip. We agree to pay all expenses necessary for his/her immediate return home should there be a violation of the expectations.

Should it become necessary for my child to be sent home for any reason, I prefer the mode of transportation listed below:

- Plane     Train     I will come to Myrtle Beach, South Carolina and make my own arrangements.

\_\_\_\_\_  
*Parent/Legal Guardian's Name Printed*

\_\_\_\_\_  
*Parent/Legal Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student's Name Printed*

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*



## FIELD TRIP LUGGAGE SEARCH

No student will be allowed to participate in the school activity scheduled for departure on March 25, 20 10, unless **PART I** or **PART II** is completed and signed by a parent or guardian.

### PART I CONSENT TO SEARCH

I, \_\_\_\_\_, give my consent to officials of Fairfax County Public Schools and their officially designated representatives to search the luggage of my child, \_\_\_\_\_, in connection with the school activity scheduled for the above date. Also, I give my consent for any search, deemed advisable, of my child's lodgings while on the trip.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

### PART II CERTIFICATION OF CONTENTS AND DELIVERY OF LUGGAGE

I, \_\_\_\_\_, certify that I will search and deliver the luggage of my child, \_\_\_\_\_, and it will not contain any illegal or prohibited items. Also, I give my consent for any search, deemed advisable, of my child's lodgings including luggage, while on the trip.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date



## PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP

(This form and an attached field trip description are required for all field trips.)

IMPORTANT DIRECTIONS: (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

**TO BE COMPLETED BY THE SCHOOL**

Date(s) of Trip: March 25 -28, 2010	Destination: Myrtle Beach, South Carolina
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Purpose: To participate in the 2010 Fiestaval Competition in Myrtle Beach **SC**

**SUPERVISION** (Check one.)

Students will be directly supervised by adults on this trip at all times.

Students will be directly supervised by adults on this trip with the following exceptions: \_\_\_\_\_

**TRANSPORTATION BEING PROVIDED** (Check all that apply.)

<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input checked="" type="checkbox"/> Commercial Carrier	<input type="checkbox"/> Personal Vehicle
<input type="checkbox"/> Leased Vehicle	<input type="checkbox"/> County Vehicle	<input type="checkbox"/> None	

**DRIVERS OF PRIVATE OR LEASED VEHICLES** (Check all that apply.)

<input type="checkbox"/> Student	<input type="checkbox"/> Parent	<input type="checkbox"/> Teacher or Staff Member	<input type="checkbox"/> Other Adult
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**RISK RELATED** (Check all that apply.)

<input checked="" type="checkbox"/> Swimming Pool	<input type="checkbox"/> Amusement or Theme Park	<input checked="" type="checkbox"/> Beach or Ocean	<input type="checkbox"/> Other _____ <i>(List activity)</i>
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### Pupil Agreement

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Signature of Student	Date
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**TO BE COMPLETED AT HOME**

### PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

I understand that participation in this field trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the description of the field trip (attached) and authorize my child to participate in the planned components of the field trip to the extent indicated by my signature below. I also understand that participation in the field trip will involve activities off school property; therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.

**PARENT PERMISSION** (Check all that apply.)

Participation in all aspects of this trip.

Participation in all aspects of this trip, except the amusement and theme park activities.

Participation in all aspects of this trip, except the water-related activities.

I give permission for \_\_\_\_\_ to participate in this field trip.

Signature of Parent	Date
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**IMPORTANT NOTICE** Fairfax County Public Schools (FCPS) cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for Broadway shows, transportation, or hotels) for any field trip that FCPS cancels. It is strongly recommended that you personally review any tour company's or commercial carrier's contract, including its stated refund policies, BEFORE your child signs up or pays for the trip.