

PARENTS FOR CHORAL ARTS

Field Trip Permission Form

Purpose of the trip: Community Fund Drive

| | | | |
|-----------------------|---|-------------|--------------|
| <i>Date</i> | November 15, 2014 | <i>Time</i> | 8 AM to 4 PM |
| <i>Location</i> | Reston Community | | |
| <i>Cost</i> | \$0 | | |
| <i>Transportation</i> | Walking and Parent-driven Personal Vehicles | | |
| <i>Notes</i> | | | |

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

Student Signature: _____ Date: _____

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 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 Parents for Choral Arts, or its officers and volunteers, will have any responsibility for the condition or use of any property.

I give permission for my child _____
to attend the field trip to Community Fund Drive, Reston, VA on November 15, 2014
from 8 AM to 4 PM

In case of an emergency, the PCA volunteers will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Emergency
Contact
Name _____ Phone _____