

HANOVER COUNTY PUBLIC SCHOOLS  
ASHLAND, VIRGINIA 23005

TRANSPORTATION & FIELD TRIP AUTHORIZATION FORM

NAME OF SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

This form shall be used to secure parent/guardian authorization, which requires the use of county or commercial buses, private automobile or other transportation for student educational trips located outside of school premises.

Teacher's Name:	_____	Date of Trip:	_____
Class/Subject:	_____		
Location:	_____		
Time of Departure:	_____	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
Time of Return:	_____	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.

**SUPERVISION:** Students participating in the above described field trip sponsored by the Hanover County Public Schools will, at all relevant times during the field trip, be supervised by professional instructional and support staff of the Hanover County Public Schools. In some circumstances, the students also may be accompanied by parent chaperones.

**METHOD OF TRANSPORTATION:**  County  Commercial  Private Automobile  Other Specify: \_\_\_\_\_

**REQUIREMENTS:** Describe any special requirements for students to participate, including any items that students must bring or special skills they must have mastered.

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

**EXPECTATIONS**

**AND INSTRUCTIONS:** I understand that the above named student is expected, and the student has been instructed by me, to:

1. Do exactly what he/she is instructed to do by the supervising educators;
2. Adhere at all times to the requirements of the Hanover County Public Schools Student Code of Conduct; and,
3. \_\_\_\_\_

\_\_\_\_\_  
(Describe any instructions or requirements specific to the particular field trip.)

**INSURANCE:** I understand that the Hanover County School Board may not carry insurance relative to the trip or for injuries to the student.

**ACKNOWLEDGEMENT/CONSENT:**

I request that the above named student be allowed to participate in the trip planned and specifically consent to his/her participation. If any emergency medical procedures or treatment are required during the trip, I(We) consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment at his/her/their discretion.

I expressly agree to reimburse the Hanover County School Board, its individual members, agents, employees, and representatives, as well as trip supervisors, for any losses, damages or injuries arising out of, during, or in connection with the above named student's participation in the trip, including the costs incurred for the rendering of emergency medical procedures or treatment, if any.

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number