

OVERNIGHT FIELD TRIPS

Parent/Guardian Approval Form

Date _____

The students in _____ will be participating in a field trip to:

Destination: _____ City & State: _____

We plan to leave from _____ on _____ at _____

(place) (date) (time)

and return to _____ on _____ at _____

(place) (date) (time)

Teacher/Advisor Signature

GENERAL INFORMATION

If your child is participating in an overnight field trip, you will find attached to this letter a complete itinerary including all unsupervised time. Information concerning costs for each participant is also attached.

Reasonable efforts shall be taken to secure the safety and welfare of students on school-approved field trips, not only enroute, but also during stopover activities. The teachers, advisors, and administrators shall be responsible for seeing that responsible safety and welfare measures are taken. It shall be the responsibility of the person in charge of their trip to acquaint chaperones with their duties and responsibilities.

Please be advised that there may be times when your child is unsupervised. We expect that he/she will always act in a mature and responsible manner.

Inasmuch as the advisor and chaperone duties include attempting to safeguard the well-being of students on the trip, it is of paramount importance that students and parents agree that the student will abstain from the use, purchase, or possession of chemical intoxicants. The legal and personal jeopardy involved with the use of alcohol or other drugs is unacceptable, and it is essential that steps be taken to remove an offending student from the trip for a return to the home as quickly as possible.

To accomplish this end, we ask you, the parent or guardian, to read and sign the following agreement:

I agree that, if my child/ward is found to be in possession of alcohol or any illegal or nonprescribed substance (including alcohol) or drug paraphernalia at any time on the field trip, that he/she will be removed immediately from the group and sent home. I also agree that, if the chaperones and/or any other party they consult with (such as hotel physician or convention nurse) determine that my child/ward is under the influence of alcohol or other drugs, he/she will be removed from the group and sent home.

At this point, the chaperones will call me or my designee, as given below, to arrange for an immediate return of my child/ward on the next available transportation to Agawam for which I agree to pre-pay a ticket by telephone. My child/ward will be met in Agawam by me or by my designee and brought to my home or that of my designee. I will also be responsible for all losses, which may be incurred as a result of nonrefundable ticket prices and for any expenses incurred by the chaperone or his/her designee in escorting my child to the transportation.

Parent/Guardian Signature Date

Name of Parent/Guardian: _____

Address: _____

Telephone #'s: _____ Home _____ Work _____ Cell _____

Designee's Name: _____

Address: _____

Telephone #'s: _____ Home _____ Work _____ Cell _____

Agawam Public Schools 2004

Approved by the School Committee on June 22, 2004 by a vote of 7 - 0