

Parent/Guardian Approval For Trips MCPS Transportation Is Provided

Office of School Support and Improvement MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850 MCPS Form 555-6 July 2018

PART I: To Be Completed by the Trip Sponsor. Grade Level/Group School Date(s) of Trip ______ a.m./p.m. To _____ a.m./p.m. Location of Trip (include city and state) Transportation Arrangement: MCPS Bus Student Cost \$ Purpose of Trip _____ School Staff Sponsor The student named below may be excused to engage in the above-described activity. Signature of Principal_ PART II: To Be Completed by Parent/Guardian, or Eligible Student A. Parent/Guardian Financial Responsibility Montgomery County Public Schools (MCPS) wants you to know about your financial responsibility for field trips. Cost—Depending on the trip, the cost may include transportation, ticket or entrance fee, food, hotel, and/or a travel company's fee. Payment—Payment may be made by check made out to the school, cash, or, if available, through an online payment system. However, it is recommended that you do not send cash to school with your student(s). A check returned by the bank for any reason is subject to a \$25.00 returned-check fee. Please contact the school counselor or school administrator to make alternative arrangements for payment. Scholarships, reduced fee, or modified payment schedules are available if the cost of the field trip would create a hardship for your family. Delay, Change, or Cancellation—Sometimes it is necessary to postpone, change, or even cancel a trip for safety, bad weather, or other reasons. Sometimes, when a trip is cancelled, changed, or delayed, cancellation fees or other payments have been made in advance that MCPS cannot get back. For example, there may be transportation reservations, tickets that have been purchased, or fees paid to a travel agent. A refund is not always possible, but we will do our best to refund all or part of your payment. Additional Cost—If a trip is delayed, interrupted, or changed once it has begun and students need to remain away from home and school longer than anticipated for safety or other reasons, there may be additional costs for such things as food, lodging, and additional or alternative transportation. If this happens, we will do our best to keep additional costs to a minimum, but you are responsible for paying these additional expenses for your child(ren). **B. Prescribed Medication** School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in overnight field trips if the parent/guardian has completed MCPS Form 525-13, Authorization to Administer Prescribed Medication, Release and Indemnification Agreement, and/or MCPS Form 525-14, Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto-Injector. ☐ My child will need medication administered while participating in this field trip. MCPS Form 525-13, and/or MCPS Form 525-14, has been completed (at least one week in advance of the field trip) and is on file in the Health Room at my child's school. Note: Prescription medication must be properly labeled by a pharmacist, medication label and authorized prescriber order must be consistent, and over-the-counter medication must be in an original container with the manufacturer's dosage label and safety seal intact. See Forms 525-13 and/or 525-14 for more details. C. Information Regarding Travel Insurance Travel insurance may help cover costs if the trip is cancelled, delayed, or interrupted, or if your child is not able to go on the trip for reasons such as an illness. The cost of travel insurance varies depending on the company and plan you choose. Be aware, however, that travel insurance companies will not cover a trip that is cancelled by the school as a precaution. Unless the school has made arrangements for group insurance that is included in the cost of the field trip, the decision on whether to purchase travel insurance is yours. If you wish to purchase travel insurance, you must make the arrangements and pay the cost. Student Name_ ☐ I give permission for my child to participate in the above-described activity. ☐ I do NOT give permission for my child to participate in the above-described activity. ☐ I would like to volunteer to chaperone this field trip.* *Please be advised that all volunteers must complete online training on the prevention, recognition, and reporting of child abuse and neglect. Volunteers for extended-day (returning after 7:00 p.m.), and overnight field trips must also undergo fingerprinting and background checks. Parent/Guardian Name ____ Phone Number_____ Emergency Contact ______ Phone Number Parent/Guardian Signature ____