

Form C Out-of-State/Overnight Field Trips
Parent/Legal Guardian Agreement

By signing this agreement, I am acknowledging my responsibility and commitment to travel to _____, for the purpose of picking up my child who is exhibiting symptoms of COVID-19. I understand there is no guarantee for refunds or reimbursements associated with the field trip, including travel accommodations.

Once it is determined that your child is exhibiting symptoms of COVID-19, your child will no longer be allowed to participate in the field trip activities and will be sent to a hotel room to quarantine until your arrival. Adequate supervision will be provided by the designated school employee.

Print Student Name

Print Parent/Legal Guardian Name

Parent Signature

Date