WEST SPRINGFIELD HIGH SCHOOL
SENIOR CLASS TRIP 2016

Dear Future Graduate,

Your journey at West Springfield is coming to an end. One way to celebrate your high school career while hanging out with friends is to attend the Senior Class Field Trip to Kings Dominion! Please sign up as soon as possible and don’t miss out!

SENIOR FIELD TRIP
Kings Dominion
June 14, 2016
$50 – cash only

To view the entire agenda, please see the attached forms.

In order to attend this trip, please return the field trip forms and $50 (cash only) to the Activities Office by Friday, May 20.

A completed packet includes:

• $50 (cash only)
• Signed Parent Permission Form
• Signed Emergency Care Card

For questions, please contact Mrs. Jonsson (smjonsson@fcps.edu), Ms. Dailey (madailey@fcps.edu), or Mrs. Fawsett (ewfawsett@fcps.edu).

Forms Due May 20!
**Senior Class Trip**  
**June 14, 2016**

**Cost:** $50 per student (cash only) to cover bus and park admission. Please bring money for lunch at the park.

<table>
<thead>
<tr>
<th>Itinerary</th>
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<td><strong>Tuesday, June 14:</strong></td>
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| 8:10 a.m. | **Meet at West Springfield High School, Cafeteria**  
Attendance and review responsibilities |
| 8:30 a.m. | **Load busses and travel to Kings Dominion** |
| 9:45 a.m. | **Arrive at Kings Dominion**  
Get tickets and enter park |
| 10 a.m. - 4 p.m. | **Park Time/Lunch**  
Everyone will check in with advisors around lunch. You do not have to eat at the chosen meeting point - you can go somewhere else in the park, however, you must stay in groups of three or more! **Please bring money for lunch.** |
| 4:00 p.m. | **Check in students and load buses**  
Meet us at 4:00 p.m. at the Eiffel Tower. Check in with your advisors! |
| 5:30 p.m. | **Arrive at West Springfield High School!** |
PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP

(This form and an attached itinerary description are required for all field trips.)

IMPORTANT DIRECTIONS: (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

Date(s) of Trip
June 14, 2016

Destination
Kings Dominion

Purpose
Senior Class Trip

SUPERVISION (Check one)

☐ Students will be directly supervised by adults on this trip at all times

✓ Students will be directly supervised by adults on this trip with the following exceptions: free time and lunch in the park

TRANSPORTATION BEING PROVIDED (Check all that apply)

☐ Walking
☐ School Bus
✓ Commercial Carrier
☐ Personal Vehicle

☐ Leased Vehicle
☐ County Vehicle
☐ None

DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply)

☐ Student
☐ Parent
☐ Teacher or Staff Member
☐ Other Adult

VEHICLE TYPE (Check all that apply)

☐ Car
☐ Van (10 passenger or less)
☐ SUV
☐ Other (Specify)

RISK RELATED (Check all that apply)

☐ Swimming Pool
✓ Amusement or Theme Park
☐ Beach or Ocean
☐ Other (List activity)

STOCK EPINEPHRINE (Check one)

☐ Will be available on this trip
✓ Will not be available on this trip

Pupil Agreement

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

Signature of Student ___________________________ Date __________

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

I understand that participation in this trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the itinerary and authorize my child to participate in the planned components of the trip to the extent indicated by my signature below. I also understand that participation in the trip will involve activities off school property, therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility for the condition or use of any non-school property.

PARENT PERMISSION (Check all that apply)

☐ Participation in all aspects of this trip.

☐ Participation in all aspects of this trip, except the amusement and theme park activities.

☐ Participation in all aspects of this trip, except the water-related activities.

☐ Other ___________________________

I give permission for ___________________________ to participate in this field trip.

Signature of Parent ___________________________ Date __________

IMPORTANT NOTICE Fairfax County Public Schools (FCPS) cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for Broadway shows, transportation, or hotels) for any trip that FCPS cancels. It is strongly recommended that you personally review any tour company’s or commercial carrier’s contract, including its stated refund policies, BEFORE your child signs up or pays for the trip.
Click here to reset the student specific fields on these forms. Parent or Guardian information will not be affected by this RESET function.

EMERGENCY CARE INFORMATION
In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Grade</th>
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School Name: ID No.: Teacher or Counselor: Bus # (AM): Bus # (PM):

☐ Student has medical alert information on file. See page 2 for details.

STUDENT CONTACT INFORMATION

PARENT/GUARDIAN CONTACT INFORMATION

This form is to be completed by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

Enrolling Parent

<table>
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<tr>
<th>Last</th>
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<th>Home</th>
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Number: Street: Apt #: Work:

City: State: Zip: Cell:

Relationship: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent ☐ Self

Language: Email:

Other Parent

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Number: Street: Apt #: Work:

City: State: Zip: Cell:

Relationship: ☐ Resides with ☐ Language: Email:

Other Parent

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Number: Street: Apt #: Work:

City: State: Zip: Cell:

Relationship: ☐ Resides with ☐ Language: Email:

OTHER CONTACT INFORMATION

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Relationship</th>
<th>Language</th>
<th>Telephone</th>
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* Please remember to sign page 2.

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## EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911. Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

### STUDENT INFORMATION

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<th>ID No.</th>
<th>Teacher/Counselor</th>
<th>Bus # (AM)</th>
<th>Bus # (PM)</th>
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Siblings attending the same school (complete if applicable):  
Name(s):  
Name(s):

Primary Internet access in the home for this student:  
[ ] Cellular  [ ] Broadband  [ ] Other  [ ] None  [ ] Declined

Do you have a device for this student to use that meets their educational needs?  
[ ] Yes  [ ] No  [ ] Declined

### CURRENT HEALTH CONDITIONS

Below check any current health condition(s) that EMS or an emergency room physician should know about. Also complete and submit Health Information form SS/SE-71 if your child has a health condition(s) that require(s) attention during the school day. See below for medical alert information currently on file.

- [ ] allergies (be specific)
  - [ ] foods
  - [ ] medications
  - [ ] bee sting or insect bite
  - [ ] other
- [ ] hemophilia
- [ ] sickle cell anemia
- [ ] physical disability (be specific)
- [ ] respiratory (be specific)
- [ ] seizures
- [ ] vision problems (be specific)
- [ ] glasses
- [ ] contacts
- [ ] other (be specific)

List all medications and dosages your child receives on a continual basis:

- [ ]
  - [ ]
  - [ ]

### MEDICAL ALERT INFORMATION ON FILE

This space reserved for system printing of Health Information

### PHYSICIAN INFORMATION

My child's medical care is provided by:  
(name of doctor, clinic, or HMO)  
[ ]

Does your child have health insurance?  
[ ] Yes  [ ] No

If yes, medical coverage is provided by:  
(health insurance company, assistance program, HMO, etc.)  
[ ]

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE:  

DATE:  

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