

DURHAM PUBLIC SCHOOLS
PERMISSION TO PARTICIPATE IN FIELDTRIP

School: Durham School of the Arts Student's Name: _____ Date: _____

1. TRIP OR ACTIVITY PLANNED:
 - a. Description of trip: Washington DC, Washington University's Corcoran Gallery of Art, Portfolio Day
 - b. Date/Time/Location of Departure: November 17th, 2017, 7:00 AM
 - c. Date/Time/Location of Return: November 18th, 2017, 8:30 PM
 - d. Mode of Transportation : Charter Bus Student Cost: \$190
 2. SUPERVISION: (Describe the supervision to be provided throughout the trip) DSA Visual Arts Instructors Darrell Thompson, Val Martinez, Carolyn Maynard, Larry Downing, Patrick Hitesman, Jessica Cecchini and Amber Santibanez, Jack Watson
 3. TRANSPORTATION: (Describe the methods students will be transported) Charter Bus will bring us to DC transport us to the 4H center, back to the Washington University and then home on Saturday
 4. REQUIREMENTS:(Describe any special requirements which are imposed on students who participate, including bringing certain items on the trip i.e. life jacket): The only specialty items needed will be a student portfolio of 15 to 20 pieces of art.
 5. EXPECTATIONS AND INSTRUCTIONS: I understand the student is expected, and the student has been instructed by me:
 - a. To follow instructions given by supervisors.
 - b. Not to leave or separate from the group without appropriate authorization from a supervisor.
 - c. To comply with all laws and ordinances, including but not limited to those pertaining to prohibiting the possession or use of drugs or alcohol. *POSSESSION OR USE OF DRUGS OR ALCOHOL IS ABSOLUTELY PROHIBITED.*
 - d. Not to enter the lodging accommodations of any other student unless with the permission of the occupants and only of the same sex.
 - e. To follow all school rules although away from school as they are considered applicable during the trip.
 - f. To confirm with casual and customary standards of good citizenship, good decorum, and common courtesy.
 - g. Describe other expectations and instructions. If there are unique dangers, mention the dangers. _____
- In the event any of the above expectations or instructions are violated, the students participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed
6. INSURANCE: I understand that the Board of Education does not or may not carry any insurance relative to the trip or for injuries to the student. I represent that the student has insurance either through the Board's student insurance program or through my own insurance carrier.
 7. ACCOMMODATIONS: If the student is disabled or requires special accommodations, information concerning those accommodations is attached.

I request that the above-named student be allowed to participate in the trip planned and specifically consent to the student's participation.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisors taking, arranging for and consenting to the procedures or treatment at the supervisor's discretion. I will pay the costs of any such medical procedures or treatment.

To the maximum extent permitted by law, I release and waive, and further agree to indemnify, hold harmless or reimburse the Durham Public Schools Board of Education, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against any claim in which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, any losses, damages or injuries arising out of, during or in connection with the students participation in the field trip and related activities or the rendering of emergency medical procedures or treatment if any.

Parent/Guardian's Signature: _____ Date: _____

Address: _____

Telephone: _____ Emergency Telephone: _____