

**HANOVER COUNTY PUBUC SCHOOLS  
ASHLAND, VIRGINIA 23000  
TRANSPORTATION 4 FIELD TRIP Authorization FORM**

**NAME OF SCHOOL:** Patrick Henry High School

**DATE:** 3 March 2014

**NAME OF STUDENT:** \_\_\_\_\_

This form shall be used to secure parent/guardian authorization, which requires the use of county or commercial buses, private automobile or other transportation for student educational trips located outside of school premises.

<b>Teacher's Name:</b>	<b>LT J Head / MGySgt Dubose</b>	<b>Date of Trip: 08MAR14 (SAT)</b>
<b>Class/Subject:</b>	<b>NJROTC</b>	
<b>Location:</b>	<b>Manchester High School, Hanover County, VA</b>	
<b>Time Departure PHHS:</b>	<b>0545/ 08MAR14 (arrive at school 0530)</b>	
<b>Time of Return</b>	<b>1630 08MAR14 (estimate)</b>	

**SUPERVISOR:** Students participating in the above described field trip sponsored by the Hanover County Public Schools with, at all relevant times during the field trip, be supervised by professional instructional and support staff of the Hanover County Public Schools. In some circumstances, the students also may be accompanied by parent chaperones.

**METHOD OF TRANSPORTATION**      **X School Bus**

**REQUIREMENTS:** BDU's, Outer Garment, **DRESS WARM IN LAYERS, Extra Socks, Toques, Gloves** Cadets  
**Need money for lunch. Eat a Good Breakfast!**

**INSURANCE:** I understand that the Hanover County School Board may not carry insurance relative to the trip or for injuries to the student.

**ACKNOWLEDGEMENT/CONSENT:**

I request that the above named student be allowed to participate in the trip planned and specifically consent to his/her participation. If any emergency medical procedures or treatment are required during the trip, I(We) consent to the trip supervisor(s) talking, arranging for or consenting to the procedures or treatment at his/her/their discretion.

I expressly agree to reimburse the Hanover County School Board, its individual members, agents, employee, and Representatives, as well as trip supervisors, for any losses, damages or injuries arising out of, during, or in connection with the above named student's participation in the trip, including the costs incurred for the rendering of emergency medical procedures or treatment, if any.

**PARENTS MUST BE WAITING WHEN CADETS RETURN. WE WILL CALL WHEN WE DEPART.  
Manchester is approximately 40 minutes away. Parents must arrange transportation home!  
Please do not make us wait or have to arrange ride home for your child.**

\_\_\_\_\_ date \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Print name

\_\_\_\_\_  
Best Telephone Number    Must be reachable all day