

# WARREN WOODS MIDDLE SCHOOL

## Parent Permission Form for Field Trip Participation

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Warren Woods Public School District. A brief description of the activity follows:

<u>8<sup>th</sup> Grade Washington, DC Trip</u>	<u>Washington Committee</u>	★ _____
<b>Activity Name</b>	<b>Sponsor</b>	<b>Student Name</b>
<u>5/15/25 - 5/18/25</u>	<u>Motor Coach Bus</u>	★ _____
<b>Dates to Students</b>	<b>Type of Transportation</b>	<b>Street Address</b>
<u>\$1,195</u>	<u>5:30 PM on 5/15/25</u>	★ _____
<b>Cost to Student</b>	<b>Planned Time of Departure</b>	<b>City, Zip Code</b>
<u>Washington, Virginia</u>	<u>7:00 AM on 5/18/25</u>	★ _____
<b>Locations of Activities</b>	<b>Planned Return Time</b>	<b>Parent/Guardian Name(s)</b>
	<u>When Trip Returns to WWMS.</u>	★ _____
	<b>Time Supervision Ends</b>	<b>Telephone Number (Cell/Home)</b>

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

### STATEMENT OF CONSENT

I hereby consent to participation by my child, ★ \_\_\_\_\_ in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I agree to indemnify and hold harmless Warren Woods Public School District, any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from our relating to my child's participation in this field trip. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

★ \_\_\_\_\_  
Print Parent's Name

★ \_\_\_\_\_  
Parent's Signature

★ \_\_\_\_\_  
Date

Please complete **FRONT** and **BACK** of this form and return it to  
**Mrs. Everham's Mailbox in the Office - ASAP**

# STUDENT MEDICAL RELEASE FORM

School / Group Name: Warren Woods Middle School

Event Dates: 5/15/25-5/18/25

Student's Full Legal Name: ★ \_\_\_\_\_

Home Address: ★ \_\_\_\_\_

City: ★ \_\_\_\_\_ State: ★ \_\_\_\_\_ Zip: ★ \_\_\_\_\_ Student's Date of Birth: ★ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Phone ★ \_\_\_\_\_ Work (Mother) ★ \_\_\_\_\_ Work (Father) ★ \_\_\_\_\_

Mother's Cell Phone ★ \_\_\_\_\_ Father's Cell Phone ★ \_\_\_\_\_ Other ★ \_\_\_\_\_

**List the name and phone number of two parties who can be called if parents cannot be reached**

Emergency Contact ★ \_\_\_\_\_ Phone ★ \_\_\_\_\_

Emergency Contact ★ \_\_\_\_\_ Phone ★ \_\_\_\_\_

Doctor's Name ★ \_\_\_\_\_ Phone ★ \_\_\_\_\_

**Daily Medication:**  
If your child will take ANY medications (*prescription and non-prescription*) during this school sponsored event, you will need a doctor's signature on the "**Medication/Parent Authorization Form**".

Prescription: ★ \_\_\_\_\_

Non-Prescription: ★ \_\_\_\_\_

**Please check any or all of the following medical conditions that apply to your child.**  
(In addition to the "**MEDICATION / PARENT AUTHORIZATION FORM**", your child will need a specific "**HEALTH PLAN**" form filled out and signed by the doctor for any of these serious medical conditions.)

★  Asthma     Diabetes     Seizures     Serious Allergy (bee stings, peanuts, etc.)     Other \_\_\_\_\_

Other Medical Conditions: ★ \_\_\_\_\_

This trip involves considerable walking. List any physical problems/concerns that the chaperone should be made aware:  
★ \_\_\_\_\_

**Insurance Information:** If the information is not known, write **N/A**. If you do not have insurance, write **NONE**

Company Name: ★ \_\_\_\_\_ Phone ★ \_\_\_\_\_ Student Blood Type ★ \_\_\_\_\_

Policy Number: ★ \_\_\_\_\_ Name of Policy Holder: ★ \_\_\_\_\_

- In the event of a medical emergency, I authorize the chaperones to make the necessary decisions for the safety of my child's health.
- I also understand that the behavior of my child on this trip will not bring discredit to the school or other people in the group.
- All Warren Woods Middle School rules are in effect for this school sponsored trip.

★ \_\_\_\_\_  
Parent/Guardian's Signature

★ \_\_\_\_\_  
Date

★ \_\_\_\_\_  
Parent/Guardian's Printed Name

## Washington DC Eligibility Requirement Contract

Your child has the opportunity to attend an educational and exciting field trip to Washington DC. Because appropriate behavior is essential on all field trips, students must meet the following criteria to be eligible.

- If a student receives 2 or more "Ds" or 1 or more "Fs" on an 8<sup>th</sup> grade report card, he/she will be placed on academic probation. This means he/she is still eligible to go on the trip and payments can still be made. If the student does not improve these grades by the middle of 3<sup>rd</sup> quarter, he/she will be ineligible for the trip.
  - This does not apply to students who are showing their best effort and receiving low grades.
- If a student receives 2 or more "Ds" or 1 or more "Fs" in citizenship on an 8<sup>th</sup> grade report card, he/she will be placed on behavior probation. If the student does not improve these marks by the middle of 3<sup>rd</sup> quarter, he/she will be ineligible for the trip.
- If a student receives 3 or more office referrals or 4 or more caution cards, he/she will need to meet to discuss the situation, and may be ineligible for the trip.
- If a student has been suspended for any reason, at any time during 8<sup>th</sup> grade, he/she will be ineligible for the trip.
- Any unpaid fees to the school will need to be taken care of before the trip or he/she will be unable to attend.
- If a student has excessive unexcused absences and/or tardies in 8<sup>th</sup> grade he/she will be placed on probation. If there is no improvement by the middle of the 3<sup>rd</sup> quarter, he/she will be ineligible.
- **Teachers and administrators reserve the right to determine a student's final eligibility for trip participation.**

\* ***Any student who falls under the criteria above has the right to an appeal.***

These criteria have been developed to ensure that our students uphold the high expectations for behavior that Warren Woods Middle School expects from students. Please sign and date below and return this entire form to Mrs. Everham. There are extra copies of these criteria on the WWMS website and the cart outside of room 309.

**I have read and understand the above criteria and have discussed these with my child. I understand that if my child does not meet these criteria, he/she is ineligible for the 8<sup>th</sup> grade Washington DC trip.**

★ \_\_\_\_\_      ★ \_\_\_\_\_      ★ \_\_\_\_\_  
*Print PARENT/GUARDIAN'S Name*      *PARENT/GUARDIAN'S Signature*      *Date*

**I have read and understand the above criteria and have discussed these with my parent/guardian. I understand that if I do not meet these criteria, I am ineligible for the 8<sup>th</sup> grade Washington DC trip.**

★ \_\_\_\_\_      ★ \_\_\_\_\_      ★ \_\_\_\_\_  
*Print STUDENT'S Name*      *STUDENT'S Signature*      *Date*

# WARREN WOODS PUBLIC SCHOOLS MEDICATION / PARENT AUTHORIZATION FORM

Student Name \_\_\_\_\_ School: Warren Woods Middle School

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: 8 School Year: 2024-2025

## ★ TO BE COMPLETED AND SIGNED BY PHYSICIAN / LICENSED PRESCRIBER ★

	MEDICATION #1	MEDICATION #1	MEDICATION #1	MEDICATION #1
<b>MEDICATION NAME</b>				
<b>START DATE? STOP DATE?</b>				
<b>DOSAGE</b>				
<b>TIME(S) GIVEN</b>				
<b>FORM/ROUTE (Circle One)</b> (see note below chart)	ORAL INHALED TOPICAL APPLICATION INJECTION	ORAL INHALED TOPICAL APPLICATION INJECTION	ORAL INHALED TOPICAL APPLICATION INJECTION	ORAL INHALED TOPICAL APPLICATION INJECTION
<b>SIDE EFFECTS</b>				
<b>ADVERSE REACTIONS</b>				
<b>REASON(S) FOR MEDICATION</b>				
<b>SPECIAL INSTRUCTIONS</b> (List minimal frequency between doses)				
<b>ROUTES:</b> *ORAL (pill/capsule/chewable, liquid) *TOPICAL APPLICATION (eye drop, ointment, ear drop) *INHALED (inhaler, nebulizer) *INJECTION				

- I request that my child be assisted by authorized school personnel in taking the described medication at school according to Board of Education Policy #5330.
- I request that my child be allowed to self-administer the above medication at school according to school policy.
- I authorize school personnel to administer:  Glucagon  Epinephrine  Other \_\_\_\_\_  
If based on their observation, they believe a life-threatening condition exists. I hereby release Warren Woods and its personnel from any and all liability that may result from their determination that a life threatening condition exists.
- This student is capable and responsible for carrying and self administering  Epi-Pen  Inhaler

★ These are the ONLY two medications that a student may carry. All other medications must be stored in the counseling office or carried by a chaperone during a school trip. A second Epi-Pen or Inhaler must be stored in the school office. ★

★ \_\_\_\_\_ ★ \_\_\_\_\_ ★ \_\_\_\_\_  
Physician's Signature Date Physician's Printed Name

★ (\_\_\_\_) (\_\_\_\_) ★ \_\_\_\_\_ ★ \_\_\_\_\_  
Physician's Phone Number Physician's Fax Number Physician's Address

I request and give permission for (name of child) \_\_\_\_\_ to receive the above medication(s)/treatment at school (or during school related events) according to standard school district policy, and for the physician(s) staff and school district to share information needed to assist my child with medication needs. (School requires parent/guardian to bring medication in its original container.)

- I will assume responsibility for safe delivery of the medication to school, by either me or my child.
- I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.
- I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

★ \_\_\_\_\_ ★ \_\_\_\_\_ ★ \_\_\_\_\_  
Parent/Guardian's Signature Date Parent/Guardian's Printed Name