

Maurice J. McDonough High School
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Pomfret, Maryland 20675
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School Field Trip Consent Form

I hereby give my permission for my child, _____, to attend the field trip to _____ [place] on _____ [date]. I understand and accept the following conditions:

- 1) I understand that my child will be responsible for any personal articles my child chooses to bring, including jewelry. School employees and chaperones will not be responsible for the loss or damage to any of my child's personal items.
- 2) I understand that all applicable school rules will be in effect while my child is on this trip, including prohibitions against the possession or use of tobacco, alcohol, and controlled dangerous substances. I also understand that my child will be expected to follow the directions of _____ School employees and chaperones. Consequences for violations of school rules or directions could result in appropriate discipline as provided by Charles County Public Schools Code of Student Conduct, as well as appropriate discipline of my child during the trip, up to and including the removal of my child from the trip at my expense.
- 3) This trip is subject to last-minute cancellation by Charles County Public Schools for various reasons related to student safety or other concerns. Please recognize that Charles County Public Schools has, on several occasions since September 2001, canceled all school trips (either in county, out-of-county, or both) due to local or national circumstances. Charles County Public Schools, its agents, and employees, will NOT be responsible for any non-refundable monies paid by students, parents or guardians in the event this trip is canceled. While the school is willing to help students with the logistics of the trip, the school assumes no financial responsibility in the event the trip must be canceled. The world situation today makes us cautious in planning events months ahead. You need to be aware of the personal and financial risks and responsibilities that you are undertaking if any monies are paid for this trip.
- 4) In case of an emergency or serious illness, I hereby authorize school employees and chaperones to arrange medical treatment for my child, and I request that the school, either prior to treatment when practicable or as soon afterwards as possible, contact me or another person previously identified to the school as an emergency contact.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date