

Loudoun County Public Schools
21000 Education Court, Ashburn, Virginia 20148
(571) 252-1000



PARENTAL PERMISSION, AUTHORIZATION, AND ACKNOWLEDGEMENT OF RISKS
Instructions: Each Student's Parent/Guardian shall complete this form and return it to the Activity/Event Organizer to be used for documentation and emergency information purposes.

School Name: _____

Date(s) & Time(s) of Event: _____

Activity/Event Organizer Name & Title: _____

Name & Purpose of the Activity/Event: _____

Activity/Event Transportation: Parent/Guardian of Student will be responsible for transportation to and from event.

Risks Related (check all that apply to the Activity/Event):

<input type="checkbox"/> Amusements-Inflatables/Mechanical Rides, Parks	<input type="checkbox"/> Water Activities-Creeks, Ponds, Etc.
<input type="checkbox"/> Physical Activity or Sporting Event Participation	<input type="checkbox"/> Entertainment/Concert Event Participation/Attendance

Other: _____

Student Participant and Emergency Information (PLEASE PRINT):

Student Participant's Name: _____

Parent/Guardian Name(s): _____

Full Home Address: _____

Cell Phone: _____ **E-mail:** _____

Emergency Contact Names & Relationship: _____

Emergency Phone Numbers: _____

Any Student physical/medical/allergy issues? _____

Student Agreement: While participating in this Activity/Event, I will act responsibly, follow directions, maintain good conduct and appearance, safeguard personal property, and understand that School Rules will apply at all times.
Student Signature: _____ **Date:** _____

Activity/Event Parental Permission, Authorization, and Acknowledgement of Risks

I understand that my child's participation in the above Activity/Event is voluntary and that it is not required. I acknowledge that there will be exposure to activities involving risks of serious injuries, death, or illnesses including COVID-19. I have read and understand the description of the Activity/Event and give permission for my child's full participation and for my child to drive a personal vehicle to and from the event..

I understand that LCPS **will not** be responsible for any personal property that may become lost or damaged during this Activity/Event. I understand that LCPS **does not** provide medical or accident insurance for student injuries/illnesses involved with this Activity/Event. I authorize and give permission for my child to receive first aid, emergency medical care and transport, medical treatment, and all other care deemed reasonably necessary for my child's health and well-being in case of accident, injury, or serious illness during the Activity/Event. **I understand that I will be responsible for any related medical expenses incurred.**

I understand that all school rules and regulations apply during this Activity/Event, and further understand that parents/guardians may be responsible for transportation to and from the Activity/Event at the above noted time.

Parent/Guardian Signature: _____ **Date:** _____