

WASHINGTON COUNTY PUBLIC SCHOOLS  
WASHINGTON COUNTY TECHNICAL HIGH SCHOOL  
'YEAR-LONG' PERMISSION FORM

**THIS FORM DUE  
ON  
Monday,  
August 31, 2020**

**CONSENT TO EMERGENCY MEDICAL TREATMENT AND LIABILITY RELEASE**

THIS FORM WILL COVER ANY AND ALL DATES OF TRAVEL TO THE  
POLICE ATHLETIC LEAGUE IN HAGERSTOWN, MD 21740  
DURING THE 2020-2021 SCHOOL YEAR

**Destination:** Police Athletic League, Hagerstown, MD 21740

**Purpose:** CRIMINAL JUSTICE TRAINING, EDUCATION AND FITNESS

**Departure Time:** TBD

**Estimated Return Time:** TBD

**Possible Stops:** N/A

**Student Conduct:** All WCPS and WCTHS policies and rules regarding student conduct and discipline apply at all times during the field trip. Parents will be responsible for returning disruptive students.

**Trip Requirements:** Students must be dressed in clothing and shoes that are appropriate for exercising (**slippers, FLIP-FLOPS, sandals, clogs, or other loose footwear are NOT allowed**)

**Cost:** \_\_\_\_ N/A \_\_\_\_

**Questions?** Contact **Mr. Rizer and/or Mr. Wood @ 301.766.8553**

Dear Parents/Guardians:

While the regular, in-school instructional program is the mainstay of student instruction, the Board of Education recognizes value in field trips away from school, which relate to and are complementary of the objectives of instruction. In planning such trips, careful attention and effort is made to ensure that each trip is planned with an instructional focus.

My child, \_\_\_\_\_, has my permission to participate in the above field trip. I  
(PRINT CHILD'S NAME)

hereby release, acquit, forever discharge, and agree to hold harmless and to indemnify the Washington County Board of Education and its administrators, teachers, agents, and chaperones from any and all claims of any nature that might arise. I further agree to hold harmless and to indemnify the Washington County Board of Education from all damages, by way of example and not by way of limitation, damages due to illness, injury, the cost of medical services, property damage, accident, negligence, delay, inconvenience, change in itinerary, or personal dissatisfaction.

I understand that in case of an emergency, a good-faith effort will be made to contact me at the numbers listed below. In the event that I am unable to be notified by reasonable attempts in the case of an emergency, I hereby give my consent and authorization to the Washington County Board of Education and/or its administrators, teachers, agents, and chaperones on my behalf and on behalf of my child to receive emergency medical care/treatment. I hereby grant the authority to consent to medical treatment provided by a licensed healthcare provider, including x-ray examination, anesthetic, medical, dental or surgical diagnosis, treatment or hospital care, to my child. I further authorize that any health insurance coverage I/we have may be applied and further that reasonable and necessary medical and/or other expenses may be incurred for my child.

Please complete the information below and return it to your child's school. Students without the required permission form will not be permitted to participate in the planned activity.

\_\_\_\_\_  
Printed Name of Parent / Guardian

\_\_\_\_\_  
Signature of Parent / Guardian      Date

\_\_\_\_\_  
Contact Number of Parent / Guardian