

Fuquay-Varina Choral Department Travel & Trip Policy Form

I _____ (Student Name), pledge to abide by all student policies of the Wake County School District and of the Fuquay-Varina Choral Department during the entire duration of the upcoming choir trip and during all school choir trips. I understand that I am governed by the same rules on this trip as when I am at school, including the right for our choral director or their representatives to search rooms, luggage, and/or persons should the director determine that there is reasonable cause or should any situation arise which might bring potential harm or danger to any member or group of members of the Fuquay-Varina Choral Department.

Student Signature

Day of Birth

Grade

We (I), the undersigned parent (s) or legal guardian(s) of this student understand and agree that this Fuquay-Varina High School Choir trip is a function of and responsibility of the Wake County School District. This trip is a school-sponsored activity and function. **I further realize that should my child fail to honor the above pledge or fail to fully obey any rule or regulation of this trip, disciplinary action could be taken, including the possibility of my child being sent home from this trip at the parent's expense.**

The guidelines and rules for this trip are designed to insure the safety and well being of each of the students on this trip. Violation of any of these rules may result in the immediate removal of the student from the trip. The student in question will be required to return home immediately on the first available commercial airline and by ground transportation provided by the parent or guardian signed below. The student and their guardian will pay all costs for the removal of a student from this trip. Remember that airline tickets purchased on short notice and for flights that are not part of the tour can be very expensive, so please follow all rules. Students may be removed from the trip for any violation of the trip rules on the following pages. (See pages 2 & 3)

Parent Signature

Date

I have filled out a Wake County medical form with my child's medical information. Chaperones have my permission to give over the counter medications to my child such as Tylenol, Ibuprofen, Pepto Bismol, Benydryl, cold medications if needed:

Yes (Signature Required)

No (Signature Required)