YORK COUNTY SCHOOL DIVISION

FIELD TRIP AGREEMENT OF UNDERSTANDING

- I. REGULATIONS AND PROCEDURES
 - a. Abide by national, state, and local laws and ordinances
 - b. Abide by rules included in student handbooks published by York County School Division
 - c. Abide by the instructions of chaperones
 - d. Accept the decisions of chaperones as final
 - e. Assure conduct and appearance is appropriate for scheduled activity
 - f. Participate in scheduled group activities
 - g. Possess or use no alcoholic beverages or controlled substances at any time.
 - h. Possession of prescription medicines will be maintained by an assigned chaperone.
 - i. Exchange or administer no over the counter drugs with other students
 - j. Pay for additional expenditures for medicines and transportation that may arise from a medical emergency.
 - k. No smoking and/or possession of tobacco or tobacco related paraphernalia.
 - I. Engage in no rowdy behavior
 - m. Use the "buddy system" after securing chaperone permission when swimming is a scheduled activity.
 - n. Maintain room in reasonable order.
 - o. Open doors and drapes when rooms are visited.
 - p. Abide by room curfews with no visitation after curfew.
 - q. Lock doors when unoccupied and at night
 - r. Remove no items such as ashtrays or towels from any facility visited.
 - s. Change of room assignments made only with the approval of students involved and responsible chaperones.
- II. PUNISHMENTS FOR VIOLATIONS
 - a. Student returned home (with chaperone if necessary) by air transportation at family's expense.
 - b. Student denied participation for the remainder of the year in all school activities after school hours.
 - c. Student denied participation in field trips for one year from the date of the violation.
 - d. Depending on the violation, the individual will be denied any further field trips for one year and the group involved may be denied any further trips.

I understand and agree to the regulations, procedures and punishments for violations as previously stated.

STUDENT SI	SIGNATURE	
PARENT SIG	GNATURE	
III.	Emergency Authorization	
		has my permission to go on the field trip to
		In the event of an emergency, please contact
	at	
	If I cannot be reached, I hereby give permission to the physicians selected secure proper treatment for, and to order injection and/or surgery for the	
PARENT SIG	GNATURE	DATE