

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.
- l. 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 SIGNATURE _____

PARENT SIGNATURE _____

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 by the coach/staff of the school to hospitalize, secure proper treatment for, and to order injection and/or surgery for the person named above.

PARENT SIGNATURE _____ **DATE** _____