

WPUSD

OVERNIGHT FIELD TRIP COVID PROTOCOL AGREEMENT

School: _____

Overnight Field Trip Name: _____ Dates: _____

Risk of contact: if a student or chaperone does become ill while on the trip, it is possible that the entire group will be identified as a close contact. Depending on the circumstances, parents of impacted students may have to sign an attestation (agreement to get a COVID test two times over the 10 day modified quarantine period) to return to school in person, or could be told to quarantine at home for a period of time after the trip if a student were to become positive on the trip or shortly after the trip.

If a student becomes ill while on the trip: the parent/guardian of the ill student would be contacted and the parent/guardian would need to travel to the field trip location to pick up the student. The student will be quarantined until the parent/guardian arrives.

Masking during an activity: students and chaperones are expected to follow the masking protocols of the field trip venue.

If you agree to have your student follow these conditions to participate, and you agree to the conditions of picking up your child if they become symptomatic, please fill out the slip on the next page and return it to

_____ by _____. If you have any questions, please contact

_____ at _____ (phone/email).

School: _____

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I understand and acknowledge the expectations and risks of my student's participation and I will comply with all rules and conditions to participate, including picking up my child if they become symptomatic. By signing below, I understand that if my student does not comply with these expectations, the student will be sent home at the parent's expense and/or the student would be removed from the field trip activity until the parent picks the student up.

Student's Name:	Student's Signature:
Parent/Guardian's Name:	Parent/Guardian's Signature:
Emergency Phone # 1:	Emergency Phone # 2:
Date:	Copy to be maintained at School Site