

**PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT  
OF RISK FOR VIRTUAL FIELD TRIP/ACTIVITY**

(This form and an attached itinerary/description are required for virtual field trips and activities.)

**IMPORTANT DIRECTIONS:** (1) Use one form per trip/activity, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

**TO BE COMPLETED BY THE SCHOOL**

Date(s) of Virtual Field Trip/Activity	Destination/Description
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Purpose
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**SUPERVISION** (Check one.)

Students will be directly supervised by adults at all times

Students will be directly supervised by adults with the following exceptions:

Staff will have the ability to access and monitor student breakout rooms but will not be present at all times

Other: \_\_\_\_\_

**Technical Support Available:**

Virtual activity takes place on a platform centrally managed by FCPS. Contact:

<https://www.fcps.edu/return-school/technology-support-families#>

Virtual activity takes place on a platform not managed by FCPS. Contact your teacher.

**Considerations for Providing Consent Include:** (Check all that apply.)

Participation requires the student to use software not centrally managed by FCPS

Virtual session will be recorded on audio only

Virtual session will be recorded on video

Recording will be available publicly through the platform

Student work product, comments, or profile information will be available publicly

Students will be participating in a live presentation and interacting with external participants on another organization's platform which is not managed by FCPS

Students need to create an account in order to participate

Students will be sharing personally identifiable information with a vendor

Students may be asked to participate in a physical activity virtually

Students may be asked to use tools during the session such as scissors, etc.

**Pupil Agreement**

While participating in this virtual field trip/activity, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times as outlined in the Student Rights and Responsibilities (SR&R).

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS**

I understand that participation in this virtual field trip/activity is voluntary, that it is not required, and that it exposes my child to some risk(s). I have read and understand the itinerary/activity and authorize my child to participate in the planned components of the event to the extent indicated by my signature below.

**PARENT PERMISSION** (Check all that apply.)

Participation in all aspects of this virtual field trip/activity.

Participation in all aspects of this virtual field trip/activity except:

\_\_\_\_\_  
Explain Exception

I give permission for \_\_\_\_\_ to participate in this virtual field trip/activity.

Student Name

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**IMPORTANT NOTICE** Fairfax County Public Schools (FCPS) cannot be responsible for reimbursements to parents or students of money submitted as advance payment for any virtual field trip/activity that FCPS cancels. It is strongly recommended that you personally review any contract, including its stated refund policies, BEFORE your child signs up or pays for the event.

**TO BE COMPLETED AT HOME**