WPUSD OVERNIGHT FIELD TRIP ACKNOWLEDGEMENT

School:		
Overnight Field Trip Name:		Dates:
Students must provide proof of a negative test bus/transportation if they are exhibiting any C chaperones must provide proof of a negative a results clearly shown) prior to departure. The s planned departure. For this field trip, the test m	COVID symptoms. Regantigen or PCR test resulample must have been	ardless of vaccination status, all students and It (with student's name, date of testing, and taken and read within 48 hours of the
and	·	
Students and chaperones can access free testi https://www.wpusd.org/our-district/initiatives/co	-	·
Travel by bus: students and chaperones will be and chaperones will be as socially distanced as times over their nose and mouth while on the be chart, and students and chaperones will sit in the to maximize air flow on the bus by having the A told specific times when they can eat during the	s possible on the bus ar ous. Students and chape he same assigned seat AC run and/or the windo	nd will be expected to wear their masks at all erones seats will be notated on a seating on the way there and back. We will attempt ws open. Students and chaperones will be
Risk of contact: if a student or chaperone doe be identified as a close contact. Depending on an attestation (agreement to get a COVID test school in person, or could be told to quarantine become positive on the trip or shortly after the	the circumstances, pare two times over the 10 da at home for a period of	ents of impacted students may have to sign ay modified quarantine period) to return to
If a student becomes ill while on the trip: the parent/guardian would need to travel to the field until the parent/guardian arrives.		
Sleeping arrangements: students and chaper must remain masked while in their room at all t sleeping, actively eating or actively drinking.		·
Masking during activity: students and chaper the procedures in the field trip venue. Students mouth while indoors at all times.		
If you agree to have your student follow these oup your child if they become symptomatic, plea	· ·	, ,
by	If you h	ave any questions, please contact
	at	(phone/email).

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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		