

PARENTAL CONSENT FOR SUMMER CAMP

School Name: Jackson-Reed HS

Name of Field Trip: Cyber Patriot Summer Camp

Destination of Camp: Jackson-Reed HS, 3950 Chesapeake St NW, Washington, DC

Dates of Travel: 9:00 AM – 12:30 PM 24-28 June, 2024

Participant's Name: _____ Age: _____

Home address _____ State _____ Zip Code _____

Home Phone _____ Emergency Phone _____ Cell Phone _____

Check one (an application must be completed for each child):

I (adult student) agree to participate in this field trip.

I (parent) give permission for my child to participate in the field trip.

By signing this agreement we understand:

- That the District of Columbia Public Schools reserves the right to cancel a trip at any time. In addition, the school system is not responsible for any financial loss if a trip is cancelled nor for the safety of students and staff members.
- That the District of Columbia Public Schools *Directive 310.6 Field Trips and Student Travel* and DCMR Title 5, Chptr 25 Student Discipline policy in effect.
- We further understand that a violation of trip rules and regulations may result in the participant being sent home at their own expense.

Parent's email: _____

Student's email: _____

Parent/Guardian/Adult Student Signature

Date

Participant's Signature

Date

LTC O'Connor's cell: 703-789-1622