



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Key Elementary School

Hurst Terrace and Dana Place, N.W.
Washington, D.C. 20016

September 4, 2007

Dear Key School Parent/Guardian,

On the attached form, please include the names of people authorized to pick up your child in the event of an emergency (including other Key School parents and /or family members). If the emergency information changes during the year, please let the office know immediately. This is to ensure the safety of all our students at Key School. Also, we have attached a permission slip for our annual emergency evacuation drill. We walk to Palisades Recreation center our designated offsite staging area.

We are requesting that you please fill out these forms and return them to your classroom teacher by Tuesday, September 11, 2007. Thank you for your continued support.

Sincerely,

A handwritten signature in cursive script that reads "David Landeryou".

**David Landeryou, Principal
Francis Scott Key Elementary**



DISTRICT OF COLUMBIA PUBLIC SCHOOLS

Parent Consent for Field Trip, Medical Authorization and Waiver of Claims

To the Principal of F.S. Key Elementary School: _____ Name of Student

has my permission to participate in the field trip to Palisades Park City State

other: _____ for the period _____ (HRs) _____ Day(s)

From: September 11, 2007 AM PM To: June 13, 2007 AM PM Date Date

Check One

- I (adult student) agree to -
I (Parent) agree to direct my child to -

Cooperate and to conform with directions and instructions of the D.C. Public School Personnel in charge of the field trip, and I will accept legal responsibility for my (adult student) or child's behavior.

Should it be necessary for my child/me to have medical treatment while participating in this trip, I hereby give the school personnel permission to use their judgment in obtaining medical services, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the D.C. Public Schools has no insurance covering such medical or hospital costs incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility.

- I am covered by accident/medical insurance.
My child is covered by accident/medical insurance.
My child is not covered by accident/medical insurance.

All persons making the field trip are deemed to have waived all claims against the D. C. Public Schools and its employees and the District of Columbia for their negligent injury, accident, illness or death occurring during or by reason of the field trip.

If the field trip is outside the metropolitan area, all adults participating in the field trip and all parents or guardians of pupils taking the field trip are required to sign this statement waiving such claims.

I have read and understand the foregoing statement and agree to assume the responsibility stated and waive the stated claims.

This field trip will be under the supervision of:

Parent, Guardian, or Participating Adult

Principal Landeryou

Address

Mode of travel to location:

Home Telephone Number

- XEK Walking
School bus
Private automobile
Airplane
Private bus or train

Business Telephone Number

Date

Emergency Telephone Number

If You Do Not Understand This Form Please Contact

David Landeryou Principal

EMERGENCY PREPAREDNESS CONTACT FORM

NAME: _____

CHILD(REN) _____

EMERGENCY PHONE NUMBER: _____

EMERGENCY CONTACT: _____

PERSON(S) AUTHORIZED TO PICK UP CHILD(REN)

NAME (and relationship to child)	ADDRESS	PHONE NUMBER

SIGNATURE _____ Date _____