



# A. Linwood Holton Governor's School

October 18, 2021

Dear Parent or Guardian:

The A. Linwood Holton Governor's School Biology class will be holding a required lab day on Wednesday, November 10, 2021 or Tuesday November 16<sup>th</sup> 2021. Students will work with their instructor to determine which day to attend. The lab day will take place at the **Southwest Virginia Higher Education Center** in Abingdon, Virginia from **9:00-3:00**. Lunch will be provided for all students who attend. Attendance at this lab day will give students an opportunity to gain hands-on experience with a variety of techniques that are commonly used in biology research labs. Students should dress casually and wear comfortable shoes: don't wear really loose/flowing clothing that could get caught on equipment or dipped into liquids, wear closed-toe shoes that you can stand and walk in comfortably, and tie back long hair.

Our Faculty and staff are excited about the upcoming visit of our Biology students. In order to make this adventure a safe and enjoyable learning experience for everyone, all students will need to abide by the following:

- *Students who have an excused absence and do not participate in this trip will be required to complete a set of virtual labs and lab reports of an equivalent time and content to the lab day. These will be assigned by their instructor in lieu of the information they will have missed. These lab events are part of meeting college lab requirements for college credit. While we understand that an unavoidable event may occur, there is no substitute for the live, hands-on activities that are planned.*
- *Students will be required to wear a mask covering mouth and nose regardless of vaccination status. Gloves and goggles will be provided by HGS and must be worn at all times when students are interacting with the dissection specimens.*

There are four forms that need to be completed prior to your student attending the Biology lab day, as follows.

**Please complete, sign, and return the following to the Governor's School by November 8, 2021:**

- (1) Linwood Holton Governor's School Permission Form
- (2) Linwood Holton Governor's School Emergency Medical Form
- (3) Linwood Holton Governor's School Participant Wavier and Hold Harmless Form
- (4) Biology Lab Safety Policies

Return by mailing:  
**Holton Governor's School**  
**Attn: Field Trip**  
**P.O. Box 1987**  
**Abingdon, VA 24212**

Faxing:  
**276-619-4309**

Emailing:  
**jreimer@hgs.k12.va.us**

The A. Linwood Holton Governor's School will make every effort to secure and maintain the safety of your son or daughter while we are conducting any Governor's School learning experience. We have adequate and qualified adult supervision and expect the very best conduct from your son or daughter.

If you have any questions, please feel free to contact me at (276) 619-4327. Thank you for your continued support.

Sincerely,

*Mike Robinson*

Michael M. Robinson, Director  
A. Linwood Holton Governor's School

Enclosure:

Permission Form

Emergency Medical Form

Participant Waiver and Hold Harmless Form

Biology Lab Safety Policies

## PERMISSION FORM

The following guidelines must be adhered to while participating in any A. Linwood Holton Governor's School field trip. Violation of these standards may result in immediate return of the student as well as subsequent disciplinary action.

1. Any student who drives to the Southwest Virginia Higher Education Center must park his or her vehicle in the parking lot across the culvert (below I-81). Students will not be allowed access to personal vehicles until all school activities are completed.
2. The following items are not permitted, and will result in immediate dismissal:
  - a. No outside beverages.
  - b. No alcohol or other illegal substances.
  - c. No cigarettes, electronic cigarettes, or other tobacco products.
  - d. All cellphones must be silenced.
3. Students will participate in all activities as arranged by the Governor's School.
4. Students will conduct themselves as young adults at all times and remember their actions are reflective of the home and the Governor's School.
5. Students must abide by any and all safety policies.

I, \_\_\_\_\_ (please print), plan to participate in the Governor's School field trip. I have read and understand the rules stated above. I agree to abide by these rules and realize that I can be dismissed from the program for failure to comply with them.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

I have read the guidelines above, and I give permission for my son/daughter to participate in the Governor's School field trip as scheduled. If needed, I can be reached at \_\_\_\_\_.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

THIS FORM MUST BE SIGNED AND RETURNED  
TO THE GOVERNOR'S SCHOOL  
BY NOVEMBER 8, 2021.

# EMERGENCY MEDICAL FORM

(Please type or print)

STUDENT'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

Please list any significant health problems that might be important to a physician evaluating this student in case of an emergency. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications, allergies, etc. \_\_\_\_\_  
\_\_\_\_\_

Is student presently taking medication? \_\_\_\_\_ If yes, what type of medication? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list date of last tetanus shot. \_\_\_\_\_  
\_\_\_\_\_

During Governor's School, students will be participating in a variety of activities. If there are any activities that this student should not or cannot participate in, please list below.  
\_\_\_\_\_  
\_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

## EMERGENCY AUTHORIZATION:

IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE MY PERMISSION TO THE PHYSICIANS SELECTED BY THE A. LINWOOD HOLTON GOVERNOR'S SCHOOL TO SECURE PROPER TREATMENT FOR THE PERSON NAMED ABOVE.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

INSURANCE POLICY NUMBER OR PHOTOCOPY OF CARD \_\_\_\_\_

DAYTIME EMERGENCY TELEPHONE \_\_\_\_\_

EVENING EMERGENCY TELEPHONE \_\_\_\_\_

## **PARTICIPANT WAIVER AND HOLD HARMLESS**

1. In consideration for receiving permission to participate in any of the field trips during this current school year (herein referred to as **ACTIVITY**) hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** any and all purposes A. Linwood Holton Governor's School, all participating district county school boards, the A. Linwood Holton Governing Board, and their officers, servants, agents, volunteers, or employees (herein referred to as **RELEASEES**) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises owned or leased by **RELEASEES**. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.
2. I am fully aware that there may be inherent risks involved with **ACTIVITY**, and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said activity. I agree to indemnity and hold harmless the **RELEASEES** for any loss, liability, damage or costs, including court costs and attorney's fees, which may occur as a result of my participation in said activity. I further agree to indemnity and hold harmless the **RELEASEES** in the event that some problem or accident should occur, or that some Unforeseen Act of God or Nature, or any action or inaction by the **RELEASEES** resulting in injury or harm, or terrorist activity, should be encountered.
3. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the Commonwealth of Virginia.
4. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete considerations fully intending to be bound by the same, now and in the future.

**SIGNED** this \_\_\_\_\_ day of \_\_\_\_\_

**Participant:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Parent or Legal Guardian:** \_\_\_\_\_  
(If Participant is under 18 years old)

**WITNESS (required):** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

## **BIOLOGY LAB SAFETY POLICIES**

### **PREPARE FOR LABORATORY ACTIVITIES:**

- Students who are pregnant, believe they may be pregnant, or have any medical condition (i.e. asthma, allergies, sensitivities) that causes concern about participating in the laboratory are responsible for discussing attendance with their physician. You should notify the instructor if you will not participate in the laboratory.
- Study laboratory procedures prior to performing any lab activity. Ask the instructor to clarify any instructions you do not understand. Follow all verbal and written instructions.
- Never perform unsupervised or unauthorized experiments. Always stay on task.
- Keep lab area organized, clean, and free of any material not needed for the activity.
- Know the location and proper use of safety equipment and exits.

### **DRESS FOR LABORATORY ACTIVITIES:**

- Tie or pull back long hair.
- Do not wear loose-fitting tops or sleeves. Wear long pants.
- Wear closed-toed shoes with closed tops. No sandals.
- Wear approved eye protection anytime activities involve use of chemicals or specimens. Eyeglasses are not adequate protection.
- Wear additional personal protective equipment (gloves, aprons/lab coats) anytime activities involve use of chemicals.
- No food/drink/gum allowed in the lab. Do not apply cosmetics or touch face/eyes.

### **AVOID CONTACT WITH CHEMICALS/HAZARDOUS OBJECTS:**

- Consider all lab chemicals and specimens to be dangerous. Do not touch, smell, or taste any laboratory material unless specifically instructed to do so. Never draw material into a pipette using your mouth. Turn off any equipment when not in use.
- Do not handle broken glass or any sharp/blade without a handle. Contact the instructor for help
- Always use the least hazardous tool possible when dissecting. When using sharps, hold the blade away from you or any other person and cut away from yourself. Use forceps or another tool to hold the specimen. Never leave a sharp laying on open lab table/surfaces.
- Keep caps/lids on all bottles. Never switch lids. Read all labels carefully.

### **LAB CLEAN-UP:**

- Consult instructor for proper disposal of materials. Leave laboratory area clean and neat.
- Wash hands thoroughly following all lab activities.

### **IN CASE OF ACCIDENT:**

- Report all accidents and spills immediately.
- Wash all chemicals from your skin immediately. If chemicals get in your eyes, wash immediately with an eye wash.

\*I have read the rules and regulations of the science laboratory and understand that any violation thereof is a breach of conduct.

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Printed Name (Student)

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Printed Name (Parent)

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Signature (Student) and Date

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Signature (Parent) and Date