



A. Linwood Holton Governor's School

March 22, 2021

Dear Parent or Guardian:

The A. Linwood Holton Governor's School Anatomy & Physiology class will be holding an optional and voluntary lab day on Wednesday, April 14, 2021. Students will work with their instructor to determine whether to attend in the morning (900-1145am) or in the afternoon (1200-230pm). In the past, Anatomy & Physiology students were required to attend this educational day, not only for the learning experience and the social interaction with their peers, but to fulfill the requirements for dual enrollment. However, this year, the experience is optional for each student – there will be no grades associated with the day, and not attending will not negatively impact their grade or standing in the class. Rather, the day is intended to allow interested students to interact in-person with the anatomic models and dissection specimens which are normally used for the required labs. Unfortunately, we do not have access to the human cadaver lab this year. The experience will take place at the **Southwest Virginia Higher Education Center** in Abingdon, Virginia. Lunch will be provided for all students who attend the session between 1130-12pm. If you will be bringing or picking up your daughter/son for the field trip, please be at the Southwest Virginia Higher Education Center around the appointed time.

Our Faculty and staff are excited about the upcoming visit of our Human Anatomy & Physiology 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 will be required to wear a mask covering mouth and nose. Gloves and goggles will be provided by HGS and must be worn at all times when students are interacting with the dissection specimens.*
- *Students will observe 6 feet of social distancing at all times – no lab pairs or groups will be permitted. Anatomic models and/or specimens will be placed in individual stations, and only one student will be allowed at each station at a time. Shared equipment will be cleaned between students.*
- *As this is an optional lab experience, no student will be required to participate in any station if they are not comfortable. All participation is voluntary, but is designed to maximize educational opportunity.*

There are several forms that needs to be completed prior to your A&P student attending the lab day including the *ALHGS Permission Form, Emergency Medical Form, the Participant Wavier and Hold Harmless Form, and Laboratory policy/permission form.*

Please complete, sign and return the following to the Governor's School by April 7, 2021:

Return by mailing:

Holton Governor's School

Attn: Field Trip

P.O. Box 1987

Abingdon, VA 24212

Faxing:

276-619-4309

Emailing:

swhite@hgs.k12.va.us

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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

A. Linwood Holton Governor's School
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), wish 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. I understand that this experience is optional and voluntary.

(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. I understand that this experience is optional and voluntary, and I wish for my son/daughter to participate in this event. If needed, I can be reached at _____.

(Parent's Signature)

(Date)

**THIS FORM MUST BE SIGNED AND RETURNED
TO THE GOVERNOR'S SCHOOL
BY APRIL 7, 2021.**

A. Linwood Holton Governor's School
EMERGENCY MEDICAL FORM

Please print below:

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 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 _____



A. Linwood Holton Governor's School

Post Office Box 1987 ♦ Abingdon ♦ Virginia ♦ 24212
Telephone 276.619.4326 ♦ Facsimile 276.619.4309

PARTICIPANT WAIVER AND HOLD HARMLESS

A. Linwood Holton Governor's School

1. In consideration for receiving permission to participate in any of the labs or 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. I understand that **RELEASEES** do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.
4. 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.
5. 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: _____

SCIENCE 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. Do not wear contact lenses.
- 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 or proper equipment.
- 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.
- When heating or carrying chemicals in a test tube, keep the opening away from yourself and other people. Never carry dangerous chemicals or hot equipment near other people.
- 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.

Printed Name (Student)

Printed Name (Parent)

Signature (Student) and Date

Signature (Parent) and Date