

# MRMS

## Annual Walking Field Trip

### DOUGLAS COUNTY SCHOOL DISTRICT FIELD TRIP PERMISSION FORM

Parent/Guardian of: \_\_\_\_\_ Please return by: \_\_\_\_\_

Comments: \_\_\_\_\_ Fee: none

Because this activity will take place away from your child's school, there are some special considerations and procedures which apply. We have outlined these below:

Your child's participation in this special activity is voluntary. Your written consent at the bottom of this form is necessary for your child to participate.

Participation in activities away from school may potentially involve risks and responsibilities for you and your child that are beyond the scope of those normally associated with traditional school functions under our supervision. These may include, for example, personal injury or damage to personal property. We encourage you to inquire in advance concerning the nature and details of each field trip and of any potential risks which will be assumed through participation. By signing below, you acknowledge that you have made yourself aware of any potential risk associated with the field trip and that you voluntarily and knowingly assume all such risk.

The School District's responsibility for injuries to students, or damage to their property in connection with these activities is defined by Colorado law. Generally, the District has immunity from most claims, such as those resulting from the general supervision of students.

The School District does not have any medical/dental/hospitalization insurance covering students for injuries incurred at school or while on field trips. If you have not already done so you should investigate and must obtain medical insurance coverage for your child.

If your child fails to abide by District rules of conduct and teacher instructions during the trip, it may become necessary to discontinue his/her participation in the activity. In that case, you may be responsible for picking up your child immediately.

Also, there is no expectation of privacy during off-campus field trips, therefore photographs or video taken during the event may be published without parental permission or compensation. School administrators will provide alternate arrangements, when possible, for students whose identity must be protected for safety reasons or when requested by parents. Privacy, however, cannot be guaranteed in public locations.

I hereby give my permission for my student to attend the above referenced field-trip. I hereby release and hold harmless the District, it's director, Board Members, officers, agents, employees, teachers and authorized volunteers from any and all liability, liens, claims, demands, actions or cases of action, whatsoever arising from my student's participation in the above reference field trip.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### MEDICAL EMERGENCY/CONSENT FOR FIELD TRIP

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my child's condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

I confirm to the Douglas County School District that my child is in good health and that his/her participation does not pose a hazard to his/her health or that of participating students.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here: \_\_\_\_\_

My student has the following medical condition(s), which may require emergency care (include allergies): \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### EMERGENCY CONTACTS FOR DAY OF FIELD TRIP

Mother/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_