

**STUDENT FIELD TRIP PERMISSION FORM – DAY TRIP**

Complete items 1-8, then make enough copies for students in the class/activity.  
 This form is to be used for local and metro area short trips.  
 The form is to be completed by staff and submitted to parent for signature.  
**Completed forms *MUST* accompany sponsor/teacher on trip.**

(1) School \_\_\_\_\_ (2) Date(s) of Activity \_\_\_\_\_

(3) Destination \_\_\_\_\_

(4) Period(s) Absent (if applicable) \_\_\_\_\_ (5) Grade Level \_\_\_\_\_

(6) Transportation will be by:

District School Bus	Fee Required _____
Private Car	Other Needs _____
Walking	_____
Parent/Guardian (responsibility)	_____
Commercial Carrier	_____
Other (specify) _____	

(7) Other Information: \_\_\_\_\_ (8) \_\_\_\_\_  
Sponsor/Teacher Signature

**PARENTS/GUARDIANS COMPLETE THE FOLLOWING SECTION.**

Student's First & Last Name \_\_\_\_\_ Student ID# (if applicable) \_\_\_\_\_

*Student and parent/guardian must understand that it is the **student's** responsibility to make up any work missed during this absence.*

**IMPORTANT INFORMATION**

1. I understand that the above identified trip will take place away from school property; may involve transportation as indicated above; and may involve activities beyond the scope of traditional school functions conducted on District property.
2. I exempt the Board of Education, the District, its employees and authorized sponsors and volunteers from all claims arising from the student's participation in the above identified activity unless caused by actions for which the District would otherwise be liable under Colorado law.
3. I understand and give full authority for the District to take whatever action it deems necessary to safeguard the health and well being of the participating student including, but not limited to, consenting to emergency medical care.

**INSURANCE** - I understand the District does not purchase, or have, any insurance to cover medical, dental or hospitalization to cover injuries to or loss of life of students, damage to or loss of personal property or to indemnify parents/guardians for any expenses in connection therewith, and that if any insurance is desired, it must be purchased by the parent/guardian.

**EXPECTED STUDENT CONDUCT** - Students of Adams 12 Five Star Schools representing a class, sport or activity have the responsibility to maintain the same behavior standards expected of them while they are in school and are subject to consequences for breaches of such standards just as though they were in school.

As parent/guardian of the above-named student, I/we have read the above and do hereby grant permission for him/her to participate in the above identified activity.

Parent(s)/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Thank you for returning this form promptly.**