



# Poudre School District

Risk Management

## Student Permission Form

### Day Field Trip To:

Note to Parent/Guardian: For your student to participate in this field trip, you must complete the Emergency Contact and Permission sections on Pages 3 and 4 and return the completed form by

**School:**

**Teacher:**

**Phone Number:**

**Email:**

**Date of trip:**

**Departure Time:**

**Return Time:**

**Activities Involved:**

### Transportation:

Will you be using District Transportation or coordinating transportation?

Yes, we will be using District transportation.

Yes, we will be coordinating and organizing a carpool.

\*Please indicate who will be driving. The appropriate driver form(s) must be completed.

PSD Employee

PSD Parent Volunteer

PSD Student

No, parents/guardians/students are responsible for getting the participants to the field trip location on their own.

**Special Instructions (e.g., Items students should bring):**

## Field Trip to

### Principal Review:

I have met with the teacher proposing this field trip, and the field trip is:

Approved

Denied

If denied, provide a reason and return this form to the teacher:

If approved:

\*School nurse must be notified of this trip at least one week in advance.

Estimated Number of Students:

Number and qualifications of adult chaperones required specific to this trip, the activities, and the participants:

Special qualifications required of chaperones:

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Principal Signature

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Date

## Field Trip to

**Student Name:**

**Student ID:**

### Emergency Contact & Permission

**Emergency Contact 1:**

**Emergency Contact 2:**

Phone 1:

Phone 1:

Phone 2:

Phone 2:

### Medication Administration

My child will need medication(s) administered during this trip:                      Yes                      No

If Yes:

The form is on file with the school.

The form is not currently on file at the school and will be provided at least three (3) school days before the trip.

### Special Procedures and Considerations

Your student's participation in this field trip is voluntary. Your written consent on the second page of this form is necessary for your student to participate.

- Field trips may involve risks and responsibilities for your child that are beyond the scope of those normally associated with educational activities at school. Such risks include the potential for personal injury and/or damage to personal property. You are encouraged to inquire in advance concerning the nature, details, and potential risks of this field trip.
- Your child shall be subject to the Poudre School District Code of Conduct at all times related to their participation in the field trip. As a condition of participating in the field trip, your child shall also be required to comply with all instructions and safety precautions communicated by school officials.
- The School District is protected from liability under the Colorado Governmental Immunity Act for injuries and damages that may arise out of or in connection with the field trip, and any injuries or damages arising out of or in connection with the field trip may therefore not be covered by School District insurance. It is recommended that you obtain appropriate insurance from qualified sources to cover medical expenses and other costs that could result from injury to your child, and damage to or destruction of property belonging to you or your child. The School District has information available regarding accident and health insurance that may be purchased to cover your child's participation in the field trip. You may enroll at <https://www.psdschools.org/risk-management/student-insurance>.

**Return This Page to School.**

## Field Trip to

### Field Trip Permission and Assumption of Risk:

I hereby grant permission for my student, (name) \_\_\_\_\_, (ID#) \_\_\_\_\_, to participate in the field trip and associated activities described on page 1 of this form, subject to the Special Procedures and Considerations specified on page 1 of this form. In consideration of Poudre School District allowing my child to participate in the field trip and associated activities, I hereby release and hold harmless the School District and its board members, employees and agents from any and all liability, claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that may be brought by my child or on my child's behalf for any and all damages, including personal injury to my child, arising out of or in connection with my child's participation in the field trip and associated activities. My child and I understand and appreciate the risks and dangers of my child's participation in the field trip and associated activities, and assume the risk of any and all damages, including personal injury, which the child may incur as a result of such participation.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (if over 18)

\_\_\_\_\_  
Date

### Return This Page to School

#### School Use Only:

Original Copy – Keep on file at school for 3 years.

Forward original to Risk Management if any incident occurred on this trip involving this student.