

Field Trip Packet

ALL forms must be completed and turned in together!

1. Field Trip Request Form

◆ List of Participants

It is the responsibility of the field trip sponsor/supervisor to submit a complete, alphabetized, and typed list of students to administration at time of submitting field trip packet. Any additions/deletions should be submitted to the attendance office **24 hours** prior to the field trip by field trip sponsor.

◆ Parent Permission Form for Each Participant

One copy – make additional copies for the number in your group.

◆ Staff Chaperone List

Should have one chaperone per 10 students; if overnight, there must be chaperones of the same sex as the students they supervise.

◆ Parent Chaperone List

Should have one per 5 students; if overnight, parents must be the same sex as the students they supervise.

◆ Itinerary

◆ Phone Contacts During Trip

◆ Request for District Transportation Form

Need forms two weeks before trip. A late fee of \$75 applies to all trips not submitted within 7 working days (no Saturdays or Sundays).

Additional Forms Required For Special Situations

◆ Overnight Field Trips

◆ If parents or students are driving their own vehicles.

These forms must be turned in 2 weeks prior to the scheduled date of the trip.

DOUGLAS COUNTY SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM

Parent/Guardian of: _____ Please return by: _____

Trip to: _____ Date(s): _____ Fee: _____

Comments: _____

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.

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(S) OF FIELD TRIP

Mother/Guardian _____ Work # _____ Home # _____

Father/Guardian _____ Work # _____ Home # _____

Day Field Trip Request Form

Name of Class: _____

Teacher/Sponsor: _____

Number of Students: _____

Destination: _____

Date and Time of Trip: _____

Date Time to Date Time

PART 1: Legitimate educational value must be established before taking students out of classes for field trips. Fill out the following, be specific, use additional sheets if necessary.

Purpose:

Describe how this activity supports district curriculum and relates to your proficiencies.

What classroom activities have you planned for follow-up?

PART 2: Transportation: Check all that apply. (*Private Vehicles require additional forms; see secretary of Athletics)

____ District School Bus ____ Commercial Bus ____ Student Driver

____ Adult Driven Auto ____ Sponsor Driver ____ Parent Driver

____ Commercial Airlines ____ Other (rental car, Van) ____ District Van

Department Chair Approval _____ Date _____

Administrative Approval _____ Date _____

ATTENDANCE CLERK MUST HAVE THE ADVANCED ABSENCE LIST TWO DAYS BEFORE THE TRIP.

All trips that include restricted activities must receive the prior approval of the District Director of Activities and Athletics and the District Director of Risk Management. Please attach a sheet listing all pertinent information regarding the restricted activity, and send this sheet with the information attached to

the Director of Activities and Athletics to Wilcox. This sheet will be returned to the school with the required signatures to indicate approval of the restricted activity.

Director of Activities and Athletics Date

Director of Risk Management Date

