

School _____
Destination _____
Date(s) of trip activity _____
Teacher _____



Boulder Valley Public Schools

STUDENT TRAVEL FIELD TRIP PERMISSION FORM

I hereby permit _____ to participate in
(student)
_____ on _____
(describe trip/activity) (date(s))

He/She will be transported by:

School bus _____

Private car _____

Walking _____

Transportation is the responsibility
of the parent _____

Other _____

(specify)

Fee required _____

Other needs _____

1. I understand that the Field Trip/Activity may take place away from school property; may involve transportation by school bus, private vehicle, common carrier or other mode of transportation; and may involve activities beyond the scope of traditional school functions conducted on School district property.
2. I understand that the Field Trip/Activity may involve activities beyond the scope of traditional school functions. I acknowledge that my student's participation in the activities potentially involves risks and obligations that are impossible to predict, by may include the risk of loss or damage to personal property and the risk of sickness, personal injury or death.
3. I understand that the School District does not purchase, or have, any medical, dental or hospitalization insurance to cover injuries to or loss of life of students or to indemnify parents and guardians for expenses in connection therewith, and that such insurance, if desired, must be purchased by me.

Date

Signature of Parent or Guardian

PLEASE RETURN THIS SLIP PROMPTLY

TO BE USED FOR LOCAL AND METRO AREA SHORT TRIPS. FORM IS TO BE COMPLETED BY STAFF AND SUBMITTED TO PARENT/GUARDIAN FOR SIGNATURE.