

School: Foothill Elementary
Destination: _____
Date(s) of trip activity: _____
Teacher: _____

**BOULDER VALLEY SCHOOL DISTRICT
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	_____	Fee required	_____
Private car	_____	Other needs	_____
Walking	_____		_____
Transportation is the responsibility of parent	_____		_____
Other	_____		

(specify)

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 acknowledge that my student's participation in these activities potentially involves risks and obligations that are impossible to predict, but 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, pupils or to indemnify parents and guardians for expenses in connection therewith, and that such insurance, if desired, must be purchased by me.

Date: _____ Signed: _____
(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 P ARENT FOR SIGNATURE.

51.10308 Rev. 4/99 - Risk Mgmt.

- If you have special needs due to a disability, and wish to request accommodations in order to participate in this activity, please notify the 504/ADA liaison at 447-1010 x 5151 at least 2 days in advance of this event so that appropriate arrangements for reasonable accommodations may be made.

Revised 7/12/99