PROHIBITED AND RESTRICTED

ACTIVITIES

FIELD TRIPS

AND CLUBS

APPLICABLE TO ALL DOUGLAS COUNTY SCHOOLS

Approved by Cabinet on May 19, 2008
Effective July 1, 2008
Revised June 19, 2012
A committee was formed to investigate and analyze the various types of activities, clubs, field trips and events that currently take place in the various schools throughout the District. The purpose was to determine those activities which are potentially too dangerous for our students, and to also determine which activities will be restricted and require prior approval. The intent of this effort was not to try to restrict or prevent the education of our students, but to ensure the health, safety and security of all our students. The committee is mindful of the District’s educational mission, yet realizes some activities are inherently risky and dangerous and therefore should be avoided or restricted. This report is a set of guidelines for administrators to follow throughout the District.

The committee met in December 2007 and again in January, February and April 2008, and developed the recommendations in this report. This was a collaborative effort and a great deal of information from outside the District and inside the District was considered in the final recommendations. The desire of the committee is to have these recommendations go into effect July 1, 2008.

The committee members included the following individuals:

Larry Borland – Executive Director, Safety and Transportation
Dave Callan – Director, Activities and Athletics
Karen Tarbell – Principal, Cimarron Middle School
Steve Getchell – Principal, Iron Horse Elementary School
Kim Rauh – Principal, Rock Canyon High School
Tony Kappas – Assistant Principal, Douglas County High School
Kate Blanas – World Language Coordinator, Learning Services
John Zimmerman – Director, Risk Management Department
Brennan Mendus – Assistant Director, Risk Management Department
Jill Dutton – Executive Secretary to Larry Borland
The following activities are PROHIBITED from any school sponsored event:

- Boating in personally-owned watercraft.
- Cruises overnight to any location.
- Water Skiing.
- Minors monitoring students without adult supervision.
- Field trips outside the country by elementary school students.
- Hot air balloons (non-tethered).
- Contact karate.
- Skydiving.
- Parasailing.
- Snow caving.
- Car bashing.
- Crack the whip.
- Paintball.
- Donkey basketball.
- 4-wheeling.
- Motocross.
- Sledding on school premises.
- Bowling on gym floor.
- Indoor sky diving.
- Trampolines.
- Rodeo and roping events.
- Personal helicopter landings on District property.

The following activities are RESTRICTED and require advance approval by Principal and Director of Athletics and Activities, and Risk Management:

- Rafting and float trips. Commercial rafting is generally prohibited, whereas rafting as part of an education program will be approved on a case-by-case basis.
- Boating on commercial excursions on larger vessels of limited duration. Examples: catamaran rides, harbor cruises and ferries
- Mountain bike clubs.
- Tobogganing, sledding and tubing.
- Bungee runs.
- Mechanical amusement parks, devices and rides, carnival rides.
- Helicopter landings on District property.
- Dunk tanks – adults only.
- Water parks.
- Field trips to other countries by secondary students.
- Pyrotechnical events.
• Recent graduates of DCSD schools shall not be allowed to travel as a student with a DCSD group, unless accompanied by a parent on the trip.
• Tethered hot air balloon rides.
• Archery – curriculum-based only.
• Laser tag on DCSD property.
• Hayrides/tractor-trailer rides and parade floats.
• Ocean sports (surfing, scuba diving, etc.)
• Bonfires.
• Lock-ins and school sleep-overs.
• Field trips outside the country for 7th – 12th grade students.
• Club sports not sanctioned by CHSAA (1)

Examples: Ice hockey (boys and girls), inline hockey and rugby (boys and girls).

(1) Requires a Memorandum of Understanding approved by Legal Services (See Attachment A). Must be governed by state and national organizations.

Travel guidelines:

Teachers must obtain appropriate approvals to take children out of the country, or they will not be allowed to go. Approvals must be obtained by the Principal, the Director of Athletics and Activities, and Risk Management. See Attachment B.

If a teacher wishes to sponsor a field trip or event on his/her own, and not sponsored by DCSD, they will be required to have a non-DCSD-sponsored waiver signed by parents of all participants. Employees may not use school time, equipment or supplies to create, produce or disseminate information about the non-district-sponsored trip. Dissemination of written material about a non-district-sponsored trip will be in accordance with the procedures for distribution of other non-curricular or non-district materials. In addition, all written material about a non-district-sponsored trip shall contain the following disclaimer:

“This trip is not sponsored or approved by the Douglas County School District. The Douglas County School District is not responsible in any way for any injuries, losses or damages associated with, caused by, or related to the trip.”

It is recommended that the sponsoring teacher use the format and wording found in Attachment C.

See Attachment C.
All trips must have a curriculum base. After the Principal approves the trip request, it must go to the Director of Athletics and Activities and pass the curriculum assessment, and then go to Risk Management and pass a risk assessment.

Government rules for children under 14 obtaining a passport help assure parental approval.

Expectations for sponsors or teachers already in place through Learning Services must be followed at all times.

Students of school districts other than DCSD shall not be allowed to travel with any DCSD group.

If the terror threat level goes to red, no travel will be allowed by any DCSD group out of the state or out of the country.

If the terror threat level goes to orange, travel restrictions out of the country will follow the recommendations by the U.S. Department of State on their website.

All teachers and DCSD staff who intend to accompany any DCSD field trip group out of the country will be responsible for checking the U.S. Department of State website prior to their departure to check for any new travel restrictions.

When a portion of a school-sponsored trip also includes side trips or events that are NOT school-sponsored, then Attachment D must be used. An example of this would be a high school football team attending a football camp at the University of Wyoming. A portion of the trip is DCSD-sponsored (such as the transportation), but the actual camp itself is not, since it is at the UW facility and taught by UW coaches and staff. **See Attachment D.**

**Trip insurance:**

Parents are required to purchase travel/trip insurance when their children are traveling out of state or out of country on a school-sponsored trip, in order to minimize the financial loss from trip delays, changes, or cancellation. Often times the travel agency arranging the trip can provide the coverage for parents to purchase.

If the travel agency does not offer this service, parents can go to any of 3 websites to purchase the coverage. These websites are:

Many different insurance providers can be found at this site:

AIG Travel Guard:

http://www.travelguard.com/?utm_source=google&utm_medium=cpc&utm_campaign=national&utm_term=trip_cancellation_insurance

Travelex Insurance Services:

http://www.travelex-insurance.com/Enrollments/BrowsePlans.aspx?source=google3&gclid=CMnliuDk440CF3Yggodaxsu1A

If a school wishes to have a field trip that is for only one day, it must use the forms found in Attachment E and Attachment F for prior approval.
ATTACHMENT A

NON-CHSAA APPROVED SPORT
MEMORANDUM OF AGREEMENT REGARDING AUTHORIZATION OF SPORT
PROGRAM AT SCHOOL HIGH SCHOOL

Douglas County School District Re.1 (the “District”) and [ ] (the “Sport Team Organization”) recognize that there is significant interest in SPORT at SCHOOL High School, as demonstrated by

In order to facilitate student participation in SPORT at SCHOOL High School while at the same time recognizing that the addition of such a program requires resources not currently available in the District’s budget, the District and the Sport Team Organization agree as follows:

1. SPORT is authorized as a school sponsored organization at SCHOOL High School for the 2012 fall season, subject to all the laws, policies and rules governing the sport and subject to the supervision and control of the District. The Board’s continued authorization of the SPORT program at SCHOOL High School after the 2012-2013 school year shall be subject to annual review and approval, and is expressly contingent upon the execution of one or more new Memorandum(s) of Agreement acceptable to the Board and to the Sport Team Organization (or a successor to the Sport Team Organization which has been approved by the Board).

2. All coaches associated with the SPORT program shall be hired as District employees and shall comply with all laws, District policies, and school rules applicable to other District employees, including but not limited to background checks and fingerprinting, and shall comply with all of the Constitutional provisions, By-laws, Rules and Regulation of the sport’s governing body. All coaches associated with the SPORT program if compensated must be paid through the District’s Business Office and shall be subject to supervision, discipline, and dismissal by the District. All coaches associated with the SPORT program shall meet the requirements in CHSAA Administrative and General By-laws Sections 1620 and 1630 governing the qualifications of coaches and assistant coaches or meet the requirements of the national governing body of SPORT and shall comply with District procedures concerning “lay coaches.”

3. The Sport Team Organization shall be responsible for providing all funds necessary for the SPORT program at SCHOOL High School in advance of the 2012 fall season. Expenses for which the Sport Team Organization shall be responsible include but are not limited to its pro rata share of any additional District administrative expenses related to operation of the SPORT program, coaches’ salaries, uniforms, transportation, officials, security/supervision, and practice facilities. The District will provide the Sport Team Organization with an estimate of its pro rata share of administrative expenses on or before __________ , 2012. Student athletic fees for all participants in SPORT will be collected in accordance with the established District Financial Policies and in a manner approved by SCHOOL High School. Student athletic fees collected for SPORT by SCHOOL High School will be credited toward the expenses for that program at the school.
4. All funding for **SPORT** at **SCHOOL** High School shall be provided in accordance with a budget prepared by the Sport Team Organization and approved by the School’s Principal/Designee. This Memorandum of Agreement and the District’s authorization of **SPORT** at **SCHOOL** High School for the 2012 fall season, is conditioned upon approval of the budget and deposit by the Sport Team Organization of all required funds prescribed by the approved budget with the **SCHOOL** High School Bookkeeper on or before ___________, 2012. All funds, income, and expenditures for the **SPORT** program shall be approved, handled and accounted for by **SCHOOL** High School.

5. The District shall not be responsible for providing transportation for students, coaches or other participants in the **SPORT** program to or from any practices, scrimmages, games or other activities. The Sport Team Organization, coaches and/or team members and other participants shall be responsible for such transportation arrangements. If private vehicles are used, they must be well maintained and safe, and meet the minimum standards for motor vehicle liability insurance coverage prescribed by state law. Subject to availability and in accordance with District policy, the Sport Team Organization may utilize District transportation vehicles if it pays all expenses associated with such use.

6. The District shall not be responsible for providing facilities, equipment or uniforms for **SPORT** practices, scrimmages or games, unless specifically arranged through the Principal and Athletic Director at **SCHOOL** High School. All facilities, equipment and uniforms utilized by the **SPORT** program shall conform to the standards and safety regulations of CHSAA, and School District policies and regulations.

7. All Participants must have a physical on file with the school athletic department before the participant is allowed to practice or play.

8. All participants must sign a student and parent/guardian advisement and permit to participate form that is provided by Douglas County School District.

9. All participants must meet **SCHOOL** High School’s eligibility requirements and follow Douglas County School District’s Code of Conduct.

Executed by the parties hereto effective this_______day of____________, 20__. 

**ATTEST:**

**DOUGLAS COUNTY**
**SCHOOL DISTRICT RE.1**

By: ____________________________  
Principal/Designee

By: ____________________________  
District Activities/Athletic Director

By: ____________________________  
Sport Team Organization
ATTACHMENT B

Superintendent File: IJOA

FIELD TRIPS AND EXCURSIONS

The District recognizes the great potential for learning outside the school premises. Field trips should be planned to supplement the regular educational program and shall have definite learning objectives supporting District checkpoints and standards.

Field trips represent an extension of in-school responsibility, and they must be fully supervised by an appropriate number of teachers. Parents and/or staff may be enlisted to assist.

School buses will be the usual mode of transportation on field trips. Availability of bus transportation will be one criterion in approval or disapproval of field trip requests. When private transportation is used, arrangements must be made for responsible drivers, with a teacher, parent, or other approved adult in each vehicle.

Requests for field trips shall be submitted in duplicate to the principal at least two weeks in advance of the proposed activity.

Overnight Field Trips for Students

For overnight travel that is outside of Colorado, a “Preliminary Application for Student Travel” must be completed at least 60 days prior to proposed travel and submitted to the Assistant Superintendent of Learning Services or designee. Upon approval, the application will be returned to the school for completion of the process.

For overnight field trips a completed “Proposal for Overnight Activity Trip” shall be submitted in writing to the principal. After approval, the principal will forward the request to the Assistant Superintendent of Learning Services or designee 30 days prior to the departure date. Upon approval, Learning Services shall submit the request to Risk Management for final approval.

The following guidelines will apply:

1. Requests for permission must include:
   a. The reasons for the trip, including the necessity of an overnight stay;
   b. A complete itinerary, and a list of significant events that will occur during the trip;
c. Complete information concerning overnight housing, health, communication and transportation arrangements;

d. A list of chaperones (school staff and parents who are at least 21 years old) at a ratio of one school staff member for every ten students or one parent for every five students, in proportionate ratio of males and females;

e. Plans for financing the trip;

f. Certificates of insurance from any service providers;

g. District checkpoints and standards addressed.

2. Variations in the above procedures may be approved by the Superintendent or designee from time to time to meet specific trip requirements.

Current practice codified 1978
Adopted: February 6, 1979
Revised: April 7, 1998, to conform with current law
Repealed by the Board and re-enacted and revised by the Superintendent: April 20, 2004
Revised: October 18, 2004
Revised: November 28, 2005

CROSS REFS.:
EEAF, Special Use of School Buses
EEAG, Student Transportation in Private Vehicles

Douglas County School District Re. 1, Castle Rock, Colorado
DOUGLAS COUNTY SCHOOL DISTRICT
ACTIVITIES AND ATHLETIC
OVERNIGHT FIELD TRIP PROCEDURE

Education student travel shall be planned and conducted in accordance with the following guidelines. The Superintendent’s Cabinet and/or the Board of Education have the right to deny any request for overnight travel.

The complete Overnight Field Trip packet is available at your school. The following information and/or forms are included in the packet. These forms are also available in First Class, in School Resources, under Overnight Field Trips/Outdoor Ed.

- Check list: sponsor responsibilities for student trip
- Attachment A: Overnight travel expectations
- Preliminary application form
- Athletic/activities overnight field trip form
- Overnight field trip health form
- Extended field trip parent/student permission, release and agreement form
- Final approval form
- Community Volunteer forms for all non-DCSD chaperones

All requests for student travel shall be submitted on the designated forms.
1. The preliminary application form (for out of state travel only) must be submitted not less than 45 days prior to the travel date. If the overnight trip causes students to miss school, the preliminary trip form must be sent to the District Activities/Athletic Director for District Leadership’s approval. No arrangements for the trip can be made until the pre-trip planning form is approved by school administration and District Leadership.
2. The overnight field trip form and final approval form must be submitted not less than 45 days prior to the travel date.
   • Exception: If a team qualifies for regional or state competition. The Overnight Field Trip and the Final Approval Form must be completed and sent to the District ASAP prior to the competition.
   • Alternative High School trip forms must be completed by the third week of each quarter.
3. The Overnight Field Trip and Final Approval form should be forwarded to the District Activities/Athletic Director. All other forms should be kept at the school. Enclose a copy of any contract between the school sponsor and the organization for review and approval by Risk Management.
   • The District Activities/Athletic Director will review, sign and send the Overnight Field Trip and Final Approval form to Risk Management.
   • Risk Management will review to be sure all paperwork is in order. The school will be notified if the trip is approved or denied by the District Activities/Athletic Director.
4. Parent vehicles may be used to transport students, however, proof of liability insurance must be submitted to the school and a copy sent to Risk Management. Students may not transport other students. Rental of vans capable of transporting more than ten (10) passengers is prohibited.

RESPONSIBILITIES OF THE SPONSOR, TEACHER, COACH

Sponsor/teacher/coach must adhere to guidelines set forth in Attachment A: Overnight Travel Expectations (Attached to this packet).

All forms must have the appropriate signatures and meet the timeline established.

Updated 04/15/07 AO
PRELIMINARY APPLICATION FOR STUDENT OUT OF STATE TRAVEL ONLY

1) Submit at least 60 days prior to travel.
2) Prior approval needed before fundraising can begin.
3) Upon approval of Preliminary Application, submit Overnight Trip Form.

APPLICATION DATE__________________________________

SCHOOL__________________________ SCHOOL GROUP__________________________

SPONSOR/COACH_______________________________________________

DESTINATION__________________________________________________

DEPARTURE/ RETURN DATE______________ SCHOOL DAYS MISSED__________

PURPOSE/EDUCATION VALUE OF TRIP WITH SPECIFIC CORRELATION TO
DISTRICT STRATEGIC PLAN:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

NUMBER OF STUDENTS: ______NUMBER OF STAFF:_____ NUMBER OF PARENTS:_____

APPROXIMATE TOTAL COST OF TRIP PER STUDENT:__________________________

COST OF TRIP PAID BY:
STUDENT_______ DISTRICT_______ BOOSTERS_______ FUND RAISING_______

PLANNED STUDENT ACTIVITIES DURING TRIP (attach itinerary if available)

________________________________________________________________________
________________________________________________________________________

FUND RAISING ACTIVITIES _____________________________________________

________________________________________________________________________

IS AN AGENCY/COMPANY ARRANGING TRIP  ☐ YES  ☐ NO

If yes: Name of agency/company___________________________________________
Address_____________________________ Phone#__________________________

Use of volunteered vehicles: When personal vehicles are used, always obtain evidence of
liability insurance on the vehicle.

Signature of Sponsor/Coach/Teacher _______________________________________

Signature of Building Administrator________________________________________

__________________________________________
Signature District Leadership 5-20-07 AO
Proposal for Overnight Activity Trip

Instructions

1. This form should be completed and submitted as soon as possible after the trip itinerary is known. A minimum of 45 days is suggested for planning any overnight field trip.

2. Before submitting this proposal, you must discuss the trip benefits with your principal and obtain his/her approval.

3. Send completed proposal to Learning Services. After the trip is approved by the Director of Risk Management and Director Activities and Athletics, the overnight permission forms will be sent to the activity sponsor.

4. Rental of vans capable of transporting more than 10 passengers is prohibited.

5. Trip sponsors should check with school administrators about prohibited and restricted activities.

6. Any person who is designated as a chaperone and who is not a DCSD employee must complete a Community Volunteer Agreement annually. Community Volunteer Agreement Forms and copy of a valid driver’s license for each chaperone must be attached to the correct and completed Proposal for Overnight Activity Trip and received by Risk Management no later than 1 week prior to departure date. If there are underlying insurance or contract issues, contact Risk prior to the one week deadline at (303) 387-0036.

School: ________________________________ Activity: ____________________________

Group/Class: ________________________________ Destination: ____________________________

Submitted by: ________________________________ Date: ________________________________

(Name and Title)

DESCRIPTION AND DATES OF OVERNIGHT TRIP:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

PURPOSE/BENEFIT TO STUDENTS (INCLUDE STATEMENT OF ACADEMIC CREDIT):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Number of School Days Missed __________        Number of Students: Male _____ Female ______

ITINERARY: Please attach a complete itinerary
Transportation Arrangements:

Private Vehicle – Completed Driver Authorization Forms?  Yes_____  No ______

Housing Arrangements
Type/Company/Address/Phone:  Date(s)

__________________________

HEALTH AND SAFETY ARRANGEMENTS:
Include name(s) of chaperones trained in First Aid/CPR

__________________________

Nearest Hospital: ________________________________

CHAPERONES: (The District requires a ratio of 1:10 Staff to Student or 1:5 Parent to Student. The appropriate number of chaperones of each gender is required. Please attach a separate page if needed.)

School Personnel:

__________________________

Parent Volunteers: (a Community Volunteer Agreement form and a copy of a valid driver’s license for each volunteer must be submitted with this form at least one week prior to departure date.)

__________________________

__________________________

__________________________

__________________________

CONTRACT / INSURANCE:

1. Sample contract(s) from service provider(s):
   Attached  □  Will forward ASAP  □  Need contract from DCSD  □

2. Certificate(s) of Liability Insurance from service provider(s):
   Attached  □  Will forward ASAP  □

APPROVAL SIGNATURES:

School Administrator  Date

Activities/Athletics Director  Date

Director of Risk Management  Date

Revised 4-21-08  AO
Douglas County School District
Overnight Field Trip
Final Approval Form

School________________________________ Trip Destination__________________________________________________________ Sport/Club___________________

Checklist for student travel
Following is a checklist of activities that must be completed. The person completing each activity will note the date the activity was completed and will initial this form to verify compliance.

1. Principal/Principal’s designee has approved the supervision plan, number of chaperones needed, and the entertainment venues.
   Date Completed _____________ Initials__________
   Comments:

2. Meetings have been held to inform students of their expected conduct for student travel. A review of student handbooks and District policy and procedure with regard to student conduct shall be reviewed.
   Date Completed _____________ Initials__________
   Comments:

3. Meetings have been held to inform chaperones of their responsibilities.
   Date Completed _____________ Initials__________
   Comments:

4. Students have returned proper permission, health forms and release forms signed by the parent and student.
   Date Completed _____________ Initials__________
   Comments:

5. Lodging and transportation has been confirmed.
   Date Completed _____________ Initials__________
   Comments:

6. Necessary entry/participation fees have been paid.
   Date Completed _____________ Initials__________
   Comments:

7. Sponsor/coach will carry student health and emergency contact information and be aware that the District Security Office, 303-387-9999, needs to be notified of any changes of travel schedule or any emergency situation.
   Date Completed _____________ Initials__________
   Comments:

Sponsor/Coach/Teacher Signature  Building Adm. Signature  Date: __________________________

FINAL APPROVAL IS: __________________________
GRANTED NOT GRANTED __________________________

District Activities/Athletic Director  Date: __________________________

5/20/07 AO
ATTACHMENT A
OVERNIGHT TRAVEL EXPECTATIONS

Any overnight travel group must adhere to the following expectations.

A coach/sponsor/teacher may have a policy more strict than the one outlined below but not less strict.

COACH/SPONSOR/TEACHER RESPONSIBILITIES

1. Develop a detailed itinerary. This itinerary must be presented to the principal or the principal designee as well as to parents and participants. Included in this itinerary should be the following:
   - Destination of proposed trip
   - Dates of trip including departure time and place and arrival time and place
   - Student itinerary for each day of the trip (from wake up call until curfew at night) Accommodations for students
   - Mode of transportation
   - Cost to the student for the trip
   - Specific correlation to standards, curriculum unit or course. If it is an athletic event specify the value of the trip to the team.

2. Adhere to the district curfew for all competitive events. That curfew is as follows:
   - 10 pm curfew to be in the hotel area
   - 10:30 pm curfew to be in assigned rooms
   - 11:00 pm lights out
   - This curfew can be adjusted if attending an event directly tied to the trip purpose (i.e. theater performance, pre/post event celebration hosted by event organizer).

3. *Develop a room check system that requires a regular, frequent check whenever participants are in rooms. When members of the opposite sex are visiting in rooms, the door must remain open at all times.

4. *Develop a system to ensure all participants are supervised by chaperones at all times during the trip. It is the coach/sponsor/teacher’s responsibility to do everything he/she can to reasonably monitor the participants.

5. *Choose appropriate entertainment venues for participants that support the Board of Education’s policies and behavior expectations (i.e. inappropriate venues-night clubs that serve alcohol).

6. *Determine with the principal or principal’s designee the number of chaperones needed for the trip.

7. The coach/sponsor/teacher is the adult in charge of making decisions for the whole group.

8. If any difficulties arise, a school administrator will be consulted before a final decision is made.
9. The coach/sponsor/teacher/chaperones must refrain from any activity that violates Board of Education policies and behavior expectations (i.e. use of alcohol, illegal substances, tobacco).

*MUST BE PRE APPROVED BY PRINCIPAL OR PRINCIPAL’S DESIGNEE

PARTICIPANT’S RESPONSIBILITIES

1. To help promote an overall atmosphere conducive to learning and to respect the principle that no student shall engage in any activity which disrupts or shows clear and convincing evidence of threatening to interfere with the public or private rights of others.
2. To respect property, caring for it and protecting it from theft, at the same time respecting the individual property of staff and participants in the same manner.
3. To personally refrain and discourage others from possessing or transmitting any kind of weapon. To refrain from using, possessing, buying or selling alcohol and narcotics or other dangerous drugs.
4. To respect the staff by obeying all reasonable requests with equanimity and avoiding the use of profanity or obscene gestures.
5. To take part in all program activities, including meals.
6. To advise the coach/sponsor/teacher of my whereabouts at all times and never leave the group without being accompanied by other participants and an adult supervisor.
7. To keep the hotel room door ajar anytime the room is occupied until lights out.

CHAPERONE RESPONSIBILITIES

1. To be available to supervise students at all times during the trip.
2. To refrain from any activity that violates Board of Education policies and behavior expectations (i.e. use of alcohol, illegal substances, tobacco).
3. To ensure that all participants follow the established rules and procedures set forth by the coach/sponsor/teacher.
4. To report to the coach/sponsor/teacher any participant that is not following the rules and procedures established for the trip.

6/16/03 AO
**Secondary Student Overnight Travel Check List**

**SPONSOR RESPONSIBILITIES FOR STUDENT TRIPS**

This process must be followed with any overnight travel.

1. A preliminary application form must be submitted to the building principal not less than 60 days prior to the out of state travel date.

2. The Overnight Field Trip Form must be submitted not less than 45 days prior to the travel date (exception-qualifying competition events).

<table>
<thead>
<tr>
<th>STEP #1</th>
<th>✓ off</th>
<th>BEFORE ACTIVITY</th>
<th>✓ off</th>
<th>DURING ACTIVITY</th>
<th>✓ off</th>
<th>AFTER ACTIVITY</th>
</tr>
</thead>
</table>
| 1       | ✓ off | Obtain approved request on time from Activity Director/Principal  
           - Submit Preliminary Application for Out of State Travel to District AD  
           - Submit Proposal for Overnight Activity Trip Form to District AD/Risk Mgmt | ✓ off | Clarify itinerary, responsibilities of students and chaperones as needed. | ✓ off | Insure that all participants are picked up by parent or parent designee |
| 2       | ✓ off | Once trip has been approved, complete essential paperwork including:  
           - Permission slips  
           - Letter to parents providing full description of trip  
           - Transportation forms  
           - Behavioral agreements  
           - All other appropriate forms | ✓ off | Exercise supervisory responsibilities:  
           - Accountability (Check in/out procedure clearly defined).  
           - Provide reminders and correct inappropriate behaviors  
           - Visibility, monitoring and supervision by all adults at all times | ✓ off | Notification of principal or principal designee of success of trip and/or any difficulties encountered on trip. |
| 3       | ✓ off | Anticipate possible problems and take precautions (i.e. weather, dangers, extra supervision) | ✓ off | Contact appropriate authority in event of problems (i.e. behavior violations, accident, illness) | ✓ off | |
| 4       | ✓ off | Make expectation clear regarding:  
           - Educational objectives  
           - Behavioral (drug/alcohol/tobacco violations, attendance, participation, curfews, etc.) | ✓ off | Prepare for return home…  
           - Conduct a head /name count | ✓ off | |
| 5       | ✓ off | Make arrangements in a timely manner:  
           - Sponsors/Chaperones  
           - Transportation  
           - Lodging, etc. | ✓ off | |
| 6       | ✓ off | Set up emergency procedures:  
           - Obtain a list of home phone numbers and emergency contact numbers  
           - Students w/medical problems  
           - Medications  
           - Overnight field trip health form completed by each participant  
           - Compile a list of nearest hospitals and clinics | ✓ off | |
| 7       | ✓ off | Hold parent/student orientation meeting:  
           - Clarify time of arrival and return  
           - Provide a detailed itinerary  
           - Destination | ✓ off | |
| 8 | - Emergency numbers where group can be contacted  
    - Student behavior expectations and consequences |

Other:  
Collection of money (if appropriate)  
Selection of participants  
Screen and select appropriate chaperones  
Hold chaperone meeting to clarify expectations and duties.

7-01-05 AO *See Attachment A
DOUGLAS COUNTY SCHOOL DISTRICT
OVERNIGHT 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 # ________________
Mother/Guardian Cell #_____________________________ Father/Guardian Cell # ______________________________
Father/Guardian ________________________________________ Work # _______________________ Home # ________________

Revised and reviewed by C&E 04/06. AO
DOUGLAS COUNTY SCHOOL DISTRICT EXTENDED FIELD TRIP
PARENT/STUDENT PERMISSION, RELEASE AND AGREEMENT FORM

I give my permission for _____________________________________________ to travel from _____________________________________________ to _____________________________________________ on ___________________________ with ___________________________.

We acknowledge having read and agree to abide by the Douglas County School District’s Code of Conduct document. The student also agrees to follow all rules established by the teacher, coach and supervisors on the trip, including, without limitations, rules related to curfew, staying with the group, advising of whereabouts and rules related to behavior. Any violation of the school and/or District Policies or of rules set by the teacher, coach and supervisors will result in the appropriate disciplinary action up to and including sending the student home immediately at the expense of the parent and/or student. Further, any violation of school and/or District Policy and/or rules set by the teacher, coach and supervisors will result in the appropriate consequences, up to and including suspension/expulsion, upon return to school. Suspension or prohibition from participation in athletics, activities, and senior activities (including graduation ceremony) may also be consequences imposed for behavioral violations. We agree to abide by the above as a condition of participation in this extended field trip.

We acknowledge and agree that the student’s participation in this special activity is entirely voluntary. Your written consent at the bottom of this form is necessary for your student to participate.

By deciding to participate in the Extended Field Trip, the undersigned parent(s)/guardian(s) and student expressly acknowledge that such participation in activities away from school may potentially involve risks and responsibilities for you and your student that are impossible to predict and which are beyond the scope of those normally associated with traditional school functions under our supervision on School District property. These may include, without limitation, personal injury, illness, death and loss of or damage to personal property. Since September 11, 2001, the risks also involve the potential for actual or threatened terrorist acts.

Such acts involve risks which may include, without limitation, risks of personal injury, illness, death and the loss of or damage to personal property. The risks also include that the trip may be canceled, altered or terminated early because of actual or threatened terrorist acts. In such cases, fees and expenses associated with the trip may not be refunded depending upon the policies of the trip organizing company and individual travel, accommodation and activity providers. Trip cancellation insurance is recommended; however, to date, no insurance has been located which will cover cancellations based upon threatened or actual terrorist acts.

By signing below, the student and parent(s)/guardian(s) agree to exempt the School District and its employees and authorized volunteers from any and all liability associated in any way whatsoever with the extended field trip unless the School District would otherwise be liable under Colorado law. The School District reserves the right to cancel the program due to insufficient participation or to
other circumstances. Where the program is canceled, all monies may be refunded, with the exception of application fees as specified by the sponsoring agency. However, as set forth above, if the trip is canceled based on outside circumstances or events, including, without limitation, government advisories regarding travel, actual or threatened terrorist acts, and other circumstances which could affect the health, safety or welfare of participants, monies may or may not be refunded, depending on the policies of the trip organizing company, travel, accommodation and activity providers.

The undersigned as the responsible parent/guardian, agrees to inform the sponsoring teacher/coach of any history of mental, physical, emotional or behavioral issues of the student that could affect the general welfare of the student and/or the group.

We have thoroughly read and understand the statement of conditions stated herein and agree to the terms of the agreement, as noted by our signatures as follows:

Parent ___________________________ Date ________________

Student ___________________________ Date ________________

G:\WPD\dteid\Agmt\extended trip form
PERMISSION TO CARRY/SELF-ADMINISTER MEDICATION

STUDENT NAME ____________________________________________ DATE __________________
SCHOOL _______________________________________________________________________
DOB __________________
MEDICATION _______________________________________________________________
DOSAGE ________________________________________
Route of Administration _______________________________________________________________________
Time/Frequency _______________________________________________________________________
Purpose of Medication _______________________________________________________________________

Through my consultation with the above-named student’s parent(s)/guardian(s), as well as my own assessment of
the student ("Student"), I have determined that the Student is able to identify his/her correct medication,
demonstrate correct self-administration of the above-listed medication ("Medication"), and has knowledge of the
required dosage and timing/frequency of use of the Medication. The Student has knowledge of his/her condition
and is sufficiently responsible and able to properly carry and self-administer the Medication during the school
day. The Student has been instructed in the purpose, appropriate method, and frequency of use of the Medication
and is capable of self-administering the Medication. A new form must be completed for all medication changes.

_________________________                  __________________________
(Physician Signature)                  (Date)

_________________________                  __________________________
(Physician’s Printed Name)                  (Physician’s Telephone Number)

It is understood that the Medication will be self-administered solely at the request of, and as an accommodation
to, the undersigned parent(s) or guardian(s). The undersigned parent(s) or guardian(s) hereby agree(s) to release
the Douglas County School District Re. 1 and its personnel from any and all claim(s) which they now have or
may hereafter have arising relating to an act or omission of the Student’s use of the Medication.

_________________________                  __________________________
(Parent or Guardian Signature)                  (Date)

For students diagnosed with asthma, anaphylaxis, severe allergies, and/or other related life-threatening
conditions:

□ The School Nurse and the above-referenced Physician have collaborated to formulate a health care
management plan which is attached to this form.

□ The School Nurse, the above-referenced Physician and the Student have entered into a Permission to
Carry/Self Administer Medication Contract which is attached to this form.

Corresponding District policy JLCD is located at: http://www1.deskl12/ResourceLibrary/JLCD.pdf

Adopted: October 1, 1991
Revised: April 4, 2006, to conform to current law; December 8, 2005; May 16, 2006
Cross Ref.: JLCD
Legal Refs.: C.R.S. 22-1-119

Douglas County School District Re. 1, Castle Rock, Colorado
Confidentiality
As a community volunteer assisting within the Douglas County School District Re. 1 ("District"), you have been authorized by the Principal or the Principal’s designee to act as a school official subject to the direction and control of the school’s administrators and teachers. As a school official, you may under limited circumstances, have access to student education records in connection with your authorized duties. Student education records include all records, files, documents, and other materials that contain personally identifiable information on any student, as well as the personally identifiable itself (including student grades).

By signing below, you agree to maintain the confidentiality of all student education records that you generate or to which you are given access as an authorized community volunteer. This means that you agree not to disclose student education records or personally identifiable student information in such records to any person other than the school administrator(s) and/or teacher(s) with whom you are working. You understand and agree that your failure to maintain the confidentiality of all student education records to which you are given access may disqualify you from further service as a community volunteer in the District.

Background Check
In addition, the District may conduct a background check on volunteers who provide service at any District event and/or facility. This background check may include obtaining a report from a reporting agency that may include information concerning the character, qualifications and possible criminal history of a volunteer. The information requested below is necessary to conduct a background check and will only be used for this purpose. By providing the information requested and signing below, you consent to the District conducting a background check and understand that the District reserves the right to decline the volunteer service of anyone.

Thank you for your service and for your compliance with these important requirements.

__________________________
School/Location

__________________________
Name (please print)

__________________________
Date

__________________________
Date of Birth

__________________________
Male

__________________________
Female

__________________________
Signature
# AUTHORIZATION TO USE PRIVATELY OWNED VEHICLE ON SCHOOL DISTRICT BUSINESS

Please print and complete all boxes.

## I. Driver Information

<table>
<thead>
<tr>
<th>Driver’s Name</th>
<th>School/Dept</th>
<th>Purpose(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Driver’s Address</th>
<th>Phone</th>
<th>Relationship with District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date(s) of Driving</th>
<th># of Passengers</th>
<th>Vehicle description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## II. CERTIFICATION

In accordance with District Policy, approval is requested to use a privately owned automobile on official school district business.

1. I certify that my privately owned vehicle, while used for District business, will always be:
   a. Covered by liability insurance for the minimum amount prescribed by the District: $300,000 single limit or $100,000/$300,000/$25,000 automobile liability insurance with uninsured/underinsured coverage.
   b. Equipped with one fully functional seat belt for every passenger.
   c. To the best of my knowledge, in safe mechanical condition and adequate for passenger transportation and/or work performed.

2. I further certify that while using a privately owned vehicle on official District business, all motor vehicle laws will be obeyed, including all passengers' use of seat belts and use of booster seats for any child less than 40 pounds or under 6 years of age (per Colorado State Law).

   Note: Any traffic accidents, no matter how minor, will be reported immediately to Risk Management at 303-387-0035.

3. I further certify that I am at least 21 years old, and that I possess a valid Colorado Driver’s license as follows:

<table>
<thead>
<tr>
<th>License Number</th>
<th>Date of Birth</th>
<th>Expiration Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. I further certify that I have not been convicted of Driving Under the Influence, Driving While Impaired or Reckless Driving in the past five years.

   Individual’s Signature

   Date

## III. PROOF OF INSURANCE

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Policy No.</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attached is a copy of my current policy declarations page (or insurance card) stating my coverage limits, policy effective dates, and covered vehicle information.

## IV. RECOMMENDATION

Use of privately owned vehicle on School District business is recommended.

Site administrator’s signature

Date

## V. Approval

Risk Management

Date

**INSTRUCTIONS**

1. This form should be submitted to the Principal’s secretary so it can be received by Risk Management a minimum of two weeks prior to the event to ensure adequate time for the approval process.

2. A copy of Proof-of-insurance must be attached as described and the form signed by the site administrator before approval will be given.

C&EO reviewed 11/03  Stoeckl #4053 Original – Risk Management Copy – School Copy – Parent Copy (after approval)
OVERNIGHT FIELD TRIP HEALTH FORM
Middle School
Douglas County School District Re. 1

STUDENT INFO:
Student’s Name: ___________________________ Birthdate: __________________
Parent’s Name(s): ___________________________ Home Phone: __________________
Emergency Contact Name: _______________________ Phone __________________
(if parents cannot be reached)

The health information and medication information will be shared with school personnel and overnight field trip staff as necessary to provide for your child’s safety and well-being.

HEALTH INFO:
Does your child have: (circle & specify all that apply)

- **Allergies**
  - NO
  - YES
  - Specify: Bee/Wasp Stings, Peanuts/Nuts, Other ________________

- **Asthma**
  - NO
  - YES
  - Specify: Inhaler, Nebulizer, Other ________________

- **Convulsions/Seizures**
  - NO
  - YES
  - Specify: Type __________________

- **Diabetes**
  - NO
  - YES
  - Specify: Insulin, Monitored Glucose Levels

**Dietary modifications: food allergies or intolerance (including milk)**
- NO
- YES
  - Specify: Type __________________

- **Heart Problems**
  - NO
  - YES
  - Specify: Type __________________

- **Other**
  - NO
  - YES
  - Specify: Type __________________

- **Physical Limitations**
  - NO
  - YES
  - Specify: Type __________________
  - Special equipment? ________________

Does your child require a bottom bunk for sleep walking, bed wetting, seizures, restlessness, etc.? 
- NO
- YES
  - Specify: Type __________________

Does your child take **any medications**? 
- NO
- YES
  - Specify: Type __________________

***Please note: ALL medications for field trip must comply with district medication policy. See overnight field trip medication information sheet for specifics.

If your child has a condition that requires significant modifications during this overnight activity, please contact your school nurse through your school’s main office.

MIDDLE SCHOOL
District Policy and State Law regulates:
- Prescription medications must have a signed “permission to carry” agreement for each medication. (Use district “permission to carry” form. - one form per medication.)
- Middle School students may carry non-prescription (over-the-counter) medications if they are able to do so in a responsible manner, in accordance with district policy. Only enough medication needed for the length of time of the field trip should be provided to the student.
- If staff will be administering any medication, prescription or non-prescription to a middle school student, a standard Medication Release Agreement must be filled out by both parent and physician.
- If your child takes any medication at school, a separate form is required for overnight field trips to include all doses necessary.
- All medications must be in a pharmacy labeled container or the original packaging. (No baggies or unlabeled bottles allowed.)

These guidelines are very important in order to guard your child’s safety and well-being during an overnight field trip. Thank you so much for your careful attention to these important matters.

Health Services, Douglas County School District, Re.1

(3/04)
OVERNIGHT FIELD TRIP HEALTH FORM
High School
Douglas County School District Re. 1

STUDENT INFO:

Student’s Name: ___________________________ Birthdate: ______________
Parent’s Name(s): ___________________________ Home Phone: ______________
Emergency Contact Name: ___________________________ Phone ______________
   (if parents cannot be reached)

The health information and medication information will be shared with school personnel and overnight field trip staff as necessary to provide for your child’s safety and well-being.

HEALTH INFO:
Does your child have: (circle & specify all that apply)

- Allergies? NO YES
  Specify: Bee/Wasp Stings Peanuts/Nuts Other ____________________________

- Asthma? NO YES
  Specify: Inhaler Nebulizer Other ____________________________

- Convulsions/Seizures? NO YES
  Specify: Type ____________________________

- Diabetes? NO YES
  Specify: Insulin Monitored Glucose Levels

- Dietary modifications: food allergies or intolerance (including milk)? NO YES
  Specify: Type ____________________________

- Heart Problems? NO YES
  Specify: Type ____________________________

- Other? NO YES
  Specify: Type ____________________________

- Physical Limitations? NO YES
  Specify: Type ____________________________ Special equipment? ______________

Does your child require a bottom bunk for sleep walking, bed wetting, seizures, restlessness, etc.? NO YES
Specify: Type ____________________________

Does your child take any medications? NO YES
Specify: Type ____________________________

***Please note: ALL medications for field trip must comply with district medication policy. See overnight field trip medication information sheet for specifics.

If your child has a condition that requires significant modifications during this overnight activity, please contact your school nurse through your school’s main office.

HIGH SCHOOL
District Policy and State Law regulates:

- Students in grades 9-12 may carry and self-administer their own medications.

- All medications must be in a pharmacy labeled container or the original packaging. (No baggies or unlabeled bottles allowed.)

These guidelines are very important in order to guard your child’s safety and well-being during an overnight field trip. Thank you so much for your careful attention to these important matters.

Health Services, Douglas County School District, Re.1

(3/04)
ATTACHMENT C

NOT ON DCSD LETTERHEAD

Addressed to each parent of participating student

The Douglas County School District (“District”) hereby advises all participants in [the activity/field trip] that [the activity/field trip] is not a District-sponsored activity. Therefore, the District’s liability insurance will not compensate any party for injuries incurred as a result of participation in the activity. Furthermore, you are advised that the District and its employees are protected by the Colorado Governmental Immunity Act, COLO. REC. STAT. Section 24-10-101 et seq., from liability claimed in any civil action arising out of any injury to any person resulting from participation in [the activity/field trip].

In consideration for the student’s participation in [the activity/field trip], the undersigned student, and his/her parent/guardian, hereby release the District, its directors, officers, agents, employees and teachers from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any damage, loss, injury or death to the participating student or his/her personal property while the student is participating in any aspect of [the activity/field trip], irrespective of the cause of such damage, loss, injury or death.

It is expressly understood that all potential losses, damage or injury are not known and cannot be determined as of the date of the Agreement, but it is express intent of the undersigned parties that this Release apply to any and all such unknown damage, loss, or injury.

Specific reasons why this is not a District-sponsored event are as follows:

- The individual/group responsible for coordinating this [the activity/field trip] is not being paid, supervised or controlled by the District for the activity described in this letter.
- This [the activity/field trip] is not directly connected to or a required aspect of a District-sponsored team, extracurricular program or curriculum.
- This [the activity/field trip] takes place outside of the school year and regular schedule.
- This [the activity/field trip] does not involve the use of any District funds, facilities and/or vehicles.
- The District does not set the eligibility requirements, schedule or itinerary for [the activity/field trip].
• Since this [the activity/field trip] is a non-District-sponsored event, all responsibility and liability for this event lies with the event sponsor and not with the District.

I/we understand that it is not possible for the District, its employees or agents, to guarantee or otherwise assure the effectiveness of the safety measures or that the safety measures will be used in every instance. I/we further understand that mistakes, errors, or neglectful acts or omissions may happen and that equipment may fail. Also, I/we assume the responsibility for safety in all activities.

I/we have accepted responsibility to verify with my physician that my child has not physical or psychological problems that would prohibit his/her participation in [the activity/field trip] and agree to advise my child to comply with the instructions and directions of the event sponsors and chaperones during this [the activity/field trip].

I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in [the activity/field trip]. I/we hereby represent that I am/we are 18 years of age or older, and that I am/w are the parent(s)/guardian(s) of [insert child’s name]. I/we further acknowledge that no representation or promises by the District or its representatives have been made to induce me to sign this release.

Every individual participating in [the activity/field trip] must carry health/accident insurance coverage. The District does not offer any medical/accident insurance to participating students, and makes no claim to do so.

______________________________                  Date___________________
Parent/Guardian Signature

______________________________                  Date___________________
Parent/Guardian Signature

I agree to follow all safety rules and teacher/chaperone instructions at all times while participating in [the activity/field trip]. I understand that failure to obey rules will result in my suspension from activities.

______________________________                  Date___________________
Student Signature

Signed by activity/field trip sponsors
Address
Phone #’s
ATTACHMENT D

Describe field trip, camp or event here along with the dates
(Not a School – Sponsored Activity)

RELEASE, ACKNOWLEDGEMENT, AND ASSUMPTION OF PERSONAL RESPONSIBILITY

I/we understand that during my child's participation in NAME OF CAMP, ACTIVITIES INVOLVED and DATES. He/she may be exposed to risk of possible injury, which could be serious.

I/we understand, too, that it is not possible for Douglas County Schools, its employees or agents, to guarantee or otherwise assure the effectiveness of the safety measures or that the safety measures will be used in every instance. I further understand that mistakes, errors, or neglectful acts or omissions may happen and that equipment may fail. Also, I/we assume the responsibility for safety in all activities.

I/we have accepted responsibility to verify with my physician that my child has no physical or psychological problems that would prohibit his/her participation in the ACTIVITY and DATES and agree to advise my child to comply with the instructions and directions of NAME OF ACTIVITY personnel and Douglas County School District staff members during the program and use of all equipment.

I/we (print parents names) ____________________________________________________________________ in return for my child's opportunity to participate in ACTIVITY and DATES do hereby exempt and release the Douglas County Schools its directors, officers, employees, and agents from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the ACTIVITY and DATES, whether or not such damage, loss or injury results from the negligence of Douglas County Schools, its directors, officers, employees, volunteers or agents or any defective equipment. I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in the ACTIVITY on DATES ______________________________. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s)guardian(s) of

I/we further acknowledge that no representation or promises by Douglas County Schools representatives have been made to induce me to sign this release.

Every individual participating in ACTIVITY on DATES must carry health/accident insurance coverage. Douglas County Schools does not offer any medical/accident insurance to participating students, and makes no claim to do so.

_________________________________________________________________________________________ Date_____________________________
Parent/Guardian Signature

_________________________________________________________________________________________ Date_____________________________
Parent /Guardian Signature

I agree to follow all safety rules and teacher instructions at all times while participating in ACTIVITY on DATES _______. I understand that failure to obey rules will result in my suspension from activities.

_________________________________________________________________________________________ Date_____________________________
Student Signature
ATTACHMENT E
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, its 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 # ________________

Revised and reviewed by C&E 04/06. AO
ATTACHMENT F

Field Trip Request Form

Name of Class: __________________________________________________

Teacher/Sponsor: ________________________________________________

Number of Students: _______________

Destination: ______________________

Date and Time of Trip: ____________________________________________

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.