



## Student Field Trip Permission Form – One Day or Less

School:

PSD Sponsor:

Phone Number:

Email:

Field Trip To:

Date of trip:

Start Time:

End Time:

### Activities Involved:

### Transportation:

Will District transportation be used or is the PSD Sponsor coordinating transportation?

**Yes**, the Sponsor will be using District transportation or District vehicle.

**Yes**, the Sponsor will be coordinating a carpool, and students will be transported in private vehicle\*.

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

PSD Employee

PSD Parent Volunteer

PSD Student

**Yes**, the Sponsor will be coordinating public transportation.

**Yes**, participants will be walking.

**Yes**, other (please specify):

**No**, transportation will not be provided or arranged by the PSD Sponsor and parents/guardians are responsible for transportation.

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

**Parent/Guardian:** Keep page #1 and #2 for your reference. Pages #3 and #4 must be completed and returned to the PSD Sponsor by the date indicated on page #4.

**PSD Sponsor:** Keep one copy of pages #1 and #2 with the signed permission forms for three (3) years. Forward a copy of pages #1 and #2 and the original signed permission form for the student(s) involved in any incidents that occur on the trip.

**Field Trip to:**

**Date:**

**PSD Sponsor:**

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**PSD Sponsor Acknowledgements**

- I will notify the school nurse at least one week in advance of the date of the trip.
- Signed Permission forms must be returned by:
- There will be at least two (2) adult chaperones on the field trip.
- There will be the minimum number of required adult chaperones, as listed on the [PSD Field Trips](#) webpage.
- If the principal determines more than the minimum number of adult chaperones are required, I will ensure that the principal’s requirement will be met.
- Pursuant to the Colorado Code of Regulations effective 4/15/15, at least one adult chaperone will be certified in Cardiopulmonary Resuscitation (CPR) and one in Standard First Aid (can be the same person).

PSD Sponsor Signature

Date

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**Principal Review:**

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

Approved

Denied

**If denied**, provide a reason and return this form to the PSD Sponsor:

**If approved**

Considering the nature of the trip, the activities, and the students participating:

- Is the minimum number of required adult chaperones as listed on the [PSD Field Trips](#) webpage adequate?  
 Yes      No. Please indicate how many adult chaperones are required:
- Are there any special qualifications of adult chaperones required:  
 Yes (Please list below)      No

Principal Signature

Date

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**Return Pages 3 and 4 to the school**

**Field Trip to:**

**Date:**

**PSD Sponsor:**

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**Student Name:**

**Student ID:**

### Medication Administration

My child will need medication(s) administered **by staff** during the field trip (select one):

Yes. The Medication Administration form is on file with the school.

Yes. The Medication Administration form is not currently on file at the school. I understand the form is REQUIRED and will be provided at least three (3) school days prior to the field trip.

No. However, my student will self-carry medication(s) during the field trip. **Note**, the Carry and Self-Administer Medicine form **MUST** be on file with the school at least three (3) school days prior to the field trip.

No. My student does not need to take any medications during the field trip.

**More information can be found on the [Medications & Health Care Action Plans](#) page**

### 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>.

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**Return Pages 3 and 4 to the school**

**Field Trip to:**

**Date:**

**PSD Sponsor:**

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**Student Name:**

**Student ID:**

**Emergency Contact Information**

**Contact 1:**

**Contact 2:**

Phone 1:

Phone 1:

Phone 2:

Phone 2:

**Field Trip Permission and Assumption of Risk**

I hereby grant permission for my student, named below, 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.

**In order for your student to participate in the field trip, pages 3 and 4 must be completed and returned to the school no later than:**

Print Student’s Name:

Student ID:

Signature of Parent/Guardian

Date

Signature of Student (if over 18)

Date

**No changes or modifications can be made to the Special Procedures and Considerations section or the Field Trip Permission and Assumption of Risk section.**

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**Return Pages 3 and 4 to the school**