



Risk Management  
2407 LaPorte Ave  
Fort Collins CO 80521  
970.490.3506

## Student Permission Form for Field Trip (One Day or Less)

**Note to Parent/Guardian:** In order for your child to participate in this field trip, you must complete Emergency Contact and Permission section on Page 2 of this form and return the completed form by:

School: Blevins Middle School Field Trip to: Colorado State University

Teacher: Anna Burris Phone Number: (970)488-4091

Date of Field Trip: 10/10/24 Departure Time: 10:00 am Return Time: 1:45 pm

Will this field trip occur outside of normal school hours?  No  Yes

Grade: 8 Estimated # of Students: 131

**Activities Involved:**

Students will attend the district sponsored 8th Grade Career Fair at CSU. Students will explore career pathways available to them post high school.

**Transportation:**  Private Vehicle\*  PSD Bus  Parent/Guardian Responsibility  
 Walking  Public Transportation  Other: \_\_\_\_\_

\* Select all that apply from the following:

PSD Employee  PSD Parent Volunteer  PSD Student

Each driver must complete the required form(s) and be approved by the building principal.

\*Name of Driver: \_\_\_\_\_

**Special Instructions (e.g., items students should bring):**

**Special Procedures and Considerations**

Your child's participation in the field trip is voluntary. **Your written consent on the second page of this form is necessary for your child to participate.**

- Field trips may potentially 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 his/her 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. For these reasons, 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, which may arise out of or in connection with your child's participation in the field trip. 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> or obtain a brochure through the school office.

**Principal Review:**

Approved  Denied # of Adult Chaperones Required: \_\_\_\_\_

Special qualification required of chaperones OR reason(s) for denial:

Principal's Signature:  Date: \_\_\_\_\_

Field Trip To: Colorado State University

Field Trip Date: 10/10/24

Teacher: Anna Burris

Phone Number: (970)488-4091

**Emergency Contact and Permission**

**Emergency Contact Information:**

Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

**Is this Field Trip occurring outside normal school hours?**

No

Yes

If Yes:

My child will not need any medications administered during this field trip.

My child will need medication(s) administered during this field trip and:

I will be attending the field trip and will be responsible for carrying and administering the medication(s) to my child.

I will be attending but will not be responsible for carrying and administering the medication(s) to my child and will need a District employee to carry and administer the medication(s).

I will not be attending and will need a District employee to carry and administer the medication(s).

**Field Trip Permission and Assumption of Risk:**

I hereby grant permission for my child, \_\_\_\_\_, 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.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*      *Date*

\_\_\_\_\_  
*Signature of Student (if over 18)*      *Date*

*Original — Keep on file at school for 3 years.  
Forward original to Risk Management if any incident occurred on this field trip involving this student.*