Aspen School District No. 1

FIELD TRIP PERMISSION FORM

| Student: | Parent/Legal Guardian of Student: | |
|--|---|--|
| Student: Description of Trip: CHSAA Solo & Ensemble | Dates of Trip: 2/10/17 Comments: Dress to impress! | Trip Fee: Bring \$\$ for Lunch |
| Please Return this Form By: 2/6/17 | Comments: Dress to impress! | |
| Dear Parent/Legal Guardian: | | |
| Because the above-referenced field trip will take plac and procedures that apply. We have outlined these be | | me special considerations |
| Your child's participation in this special field trip actinecessary for your child to participate. | ivity is voluntary. Your written consent and a | t the bottom of this form is |
| Participation in field trip activities away from school that are beyond the scope of those normally associate include, for example, personal injury or damage to pe the nature and details of each field trip activity and of signing below, you acknowledge that you have made referenced field trip activity and that you voluntarily as | d with traditional school functions under our sersonal property. We encourage you to inquire any potential risks that will be assumed through yourself aware of the potential risks associated. | supervision. These may e in advance concerning agh participation. By |
| The Aspen School District No. 1 ("District") does not for injuries incurred at school or while on field trip ac must obtain medical insurance coverage for your child | ctivities. If you have not already done so, you | |
| If your child fails to abide by District rules of conduc field trip activity, it may become necessary to discont responsible for picking up your child immediately. | | |
| I hereby give my permission for my student to attend harmless the District, its board members, officers, age liability, liens, claims, demands, actions or cases of a referenced field trip activity. | ents, employees, teachers and authorized volu | nteers from any all |
| Parent/Legal Guardian Signature: | Date: | |
| MEDICAL | /EMERGENCY CONSENT | |
| I. bei | ing the parent or legal guardian of | |
| I,, begive my consent for emergency medical and/or surge physician(s) and/or surgeon(s) should my child requiremployees while on the above-referenced field trip as be made to contact me, time and conditions permitting | re such care as deemed necessary by the Dis ctivity. I understand that in such a case, reason | trict, its agents, servants or |
| I confirm to the District that my child is in good healt or that of participating students. | h and that his/her participation does not pose | a hazard to his/her health |
| As long as the medical and/or surgical treatment cons accepted standards of medical practice for the particu regarding treatment unless stated here: | lar type of injury or illness involved, I impose | e no specific prohibitions |
| Parent/Legal Guardian Signature: | Date: | |
| EMERGENCY CONTACTS DURIN | NG ABOVE-REFERENCED FIELD TRIP | ACTIVITY |
| Mother/Legal Guardian: | Work #: | Home #: |
| Father/Legal Guardian: | Work #: | Home #: |
| ADMINISTRATION | OF MEDICATION ON FIELD TRIP | |
| My child will need medication to be administered by | | trip. Please refer to: |
| the attached Permission For Medication form the Permission For Medication form already subr | - | • |
| Parent/Legal Guardian Signature: | | |

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