

DOUGLAS COUNTY SCHOOL DISTRICT
OVERNIGHT FIELD TRIP PERMISSION FORM

Parent/Guardian of: _____ Please return by: 3-10-24

Trip to: Winter Park Music Festival Date(s): 3-27 to 3-30 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 give permission for my child to be transported to and from the trip destination via district authorized vehicles, including vehicles operated by district approved charter companies. 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 # _____

**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

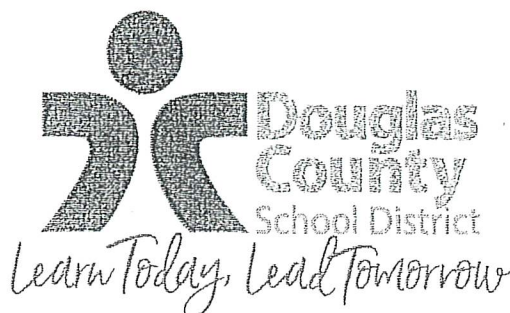
other circumstances. Where the program is canceled, all monies may be refunded, with the exception of application fees as specified by the sponsoring agency. However, as set forth above, if the trip is canceled based on outside circumstances or events, including, without limitation, government advisories 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 _____



DOUGLAS COUNTY SCHOOL DISTRICT RE-1
Transportation Awareness
Consent and Release

STUDENT NAME: _____
(Please Print) _____ Grade _____

The Douglas County School District (the "District") is unable to provide District transportation in all circumstances and to all events. When District transportation is not available, it is the student's parent's/guardian's responsibility to provide or arrange for their student's transportation to and from the event.

When District transportation is not available and other alternative forms of transportation are utilized, the District cannot and does not assume any responsibility for the safety, training of drivers, condition of vehicles, adequacy for the use or purpose intended or any other matters related to any non-District transportation.

Therefore, we, the undersigned parent/guardian and student, hereby acknowledge, agree and understand that the District does not insure, endorse, approve or sponsor any form of non-District transportation, whether by parents, students or otherwise, to and from District off-campus activities or events. We further acknowledge it is our responsibility to provide or arrange for our/my child's transportation to District events when District transportation is not available. As such we consent to our child's use of alternative means of transportation, including private vehicles and, if applicable, consent to our child's use of a vehicle to transport himself/herself to off-campus events. We hereby waive, release, discharge and agree to hold harmless and indemnify the District, its agents, employees, insurers and Board of Education, from any claim, cause of action, damage, injury, or demand of any nature, including bodily injury, property damage or death, arising from or sustained during or as a result of my/our child's utilization of or participation in any non-District transportation, whether furnished by us, our student, parent or otherwise.

Parent/Guardian Signature

Date

Student Signature

Date

Medication Policy

Secondary

Medications for secondary students are handled differently from elementary students.

Middle School (7- 8)

Seventh and eighth grade students may assume responsibility for bringing to school and administering their own medication providing they carry only enough for one day and have the self administration "permission to carry medication" form on file in the school office. Students using poor judgment in carrying and taking their own medication will have such medication confiscated by school personnel, and parents or guardian will be notified. A structured plan will then be developed for the administration of the medication. Any parent or guardian who chooses not to sign the permission to carry medication form may request that a structured plan be devised for his or her student.

High School (9 - 12)

High school students may assume the responsibility of bringing to school and administering their own medication, providing they carry only enough for one day. Students who appear to be using poor judgment in carrying and taking their own medication will have such medication confiscated by school personnel, and parents or guardian will be notified. A structured plan will then be developed for the administration of medication. Any parent may also request that a structured plan be devised for their student. On an overnight field trip, students may bring enough medication for the duration of the field trip.

Over-the-counter Medications

Students at the secondary level may carry over the counter medications such as acetaminophen, cold preparations, or vitamins, but should carry only a one day supply as per above policy. A permission to carry form is not required for these products.

Students who have emergency medication for life threatening health conditions should report to the office that they carry such medications in the event that an emergency renders them unable to respond as planned. The school nurse will contact such students to work out an emergency plan for the administration of this medication.

OVERNIGHT FIELD TRIP HEALTH FORM

High School

Douglas County School District Re. 1

STUDENT INFO:

Student's Name: _____

Birthdate: _____

Parent's Name(s): _____

Cell Phone: _____

Emergency Contact Name: _____

Cell 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 for your careful attention to these important matters.

DOUGLAS COUNTY SCHOOL DISTRICT RE-1

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY FOR ACTIVITIES

(BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!)

Participation in the Douglas County School District RE-1 (“District”) activities is entirely voluntary and at participant’s sole risk. **COVID-19 is extremely contagious** and is thought to spread primarily from person-to-person contact. As a result, the District is implementing preventative measures intended to reduce the risk of COVID-19 transmission during its activities. However, the District **cannot guarantee** that a participant will not become infected with COVID-19. **Participation in the District’s activities could increase a participant’s risk of contracting COVID-19.** Participants shall comply with District policies, rules, and regulations during activities, including those measures implemented by the District to reduce the risk of COVID-19 transmission. Participants who fail to comply with such measures will not be permitted to participate.

PARTICIPANT NAME: _____

ASSUMPTION OF RISK:

As the undersigned parent or legal guardian of the participant identified above (“Child”), I understand and hereby acknowledge that Child’s participation in the District’s activities (“Activities”), involves inherent risks and hazards, including without limitation, dehydration, heat exhaustion, heat stroke, drowning, suffocation, hypothermia, frostbite, sunburn, dehydration, slips, falls, rope burns, pinches, scrapes, twists and jolts that could result in scratches, blisters, burns, muscle soreness, bruises, sprains, dislocations, lacerations, fractures, concussions, paraplegia, quadriplegia, transmission of communicable diseases, including but not limited to COVID-19, or other serious permanent physical impairment and even death, as well as minor or catastrophic property damage and loss. A complete listing of inherent and other risks is not possible. There also are risks that cannot be anticipated.

I hereby give my permission for the Child to participate in the Activities. I freely accept and fully assume all risks, dangers, hazards, and costs of Child’s participation in the Activities. I represent that the Child has no medical or physical conditions that could interfere with the Child’s safety or the safety of others while engaging in the Activities. I understand and agree that (i) the District does not have any medical/dental/hospitalization insurance covering students for injuries incurred while engaged in the Activities and related activities; (ii) the District and its employees, contractors, agents and volunteers may chaperone and admit the Child to a medical facility or seek emergency medical transportation services for the Child for purposes of receiving emergency medical and surgical treatment in a medical facility by a physician or other licensed health care provider, understanding that reasonable attempts will first be made to contact me at the contact information I supplied to the District, time and conditions permitting, and that I am

solely responsible for any costs associated therewith; and (iii) I bear all costs of injury to the Child or damage to the Child's property.

I acknowledge and agree that the Child shall comply with all policies, rules, regulations, and instructions of the District, its employees, contractors, agents and volunteers, including those implemented to reduce the risk of COVID-19 transmission, as related to the Child's participation in the Activities or use of any equipment provided in furtherance thereof, and I acknowledge that the District will suspend or revoke the Child's participation in the Activities if the Child does not comply with said policies, rules, regulations, and instructions.

I understand that the District cannot accept and will not have any responsibility for the Child's or any third party's intentional or negligent acts or omissions, including product liability, occurring during the Child's participation in the Activities.

RELEASE OF LIABILITY, WAIVER OF CLAIMS:

In consideration of the District allowing the Child to participate in the Activities, on behalf of the Child and myself, I hereby expressly agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS whether known or unknown, now existing or arising at any time in the future that I have myself or on the Child's behalf against the District, its elected officials, directors, officers, employees, contractors, agents and volunteers (collectively hereinafter referred to as the "Released Parties"), arising directly or indirectly from the Child's participation in the Activities.
2. TO RELEASE AND HOLD HARMLESS THE RELEASED PARTIES from any and all liabilities, claims, causes of action, losses, damages, injuries or expenses that the Child may suffer as a result of, but not limited to, the Child's participation in the Activities.
3. TO INDEMNIFY RELEASED PARTIES and each of them for any and all expenses incurred, including without limitation, attorneys' fees and costs, as the result of any claim brought against any of the Released Parties by anyone relating in any way to the Child's acts or omissions or as a result of injury or loss sustained by the Child while participating in the Activities.
4. THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall be effective and binding upon my heirs, next of kin, executors, administrators, and assigns, in the event of my death or incapacity.
5. THAT THE TERMS OF THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall apply and have priority over any previous agreement or written agreement, representation, terms or conditions to the contrary, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

6. THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall be governed by, interpreted in accordance with the laws of, and enforced in the federal and state courts of the State of Colorado.

I HAVE FULLY READ AND UNDERSTAND THIS ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY FOR THE ACTIVITIES AND AGREE TO BE BOUND BY IT. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ABOVE, TO CONSULT WITH AN ATTORNEY TO THE EXTENT I HAVE DEEMED IT NECESSARY, BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, UNDERSTAND THIS ENTIRE DOCUMENT, CONSIDER ITS EFFECTS, AND AGREE TO BE BOUND BY ITS TERMS. I ACKNOWLEDGE THAT PARTICIPATION BY THE CHILD IN THE ACTIVITY IS VOLUNTARY. I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE ON BEHALF OF THE CHILD AND/OR MYSELF TO BRING LEGAL ACTION AGAINST THE DISTRICT. I SIGN THIS ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY KNOWINGLY, VOLUNTARILY AND OF MY OWN FREE WILL.

Parent(s)/Guardian(s)/Legal Custodian(s)

Signature: _____

Date: ____ / ____ / ____

Parent(s)/Guardian(s)/Legal Custodian(s)

Signature: _____

Date: ____ / ____ / ____

Student

Signature: _____

Date: ____ / ____ / ____

This form must be completed in full, signed and dated before student will be allowed to participate.