

**PARENT/LEGAL GUARDIAN PERMISSION FORM FOR FIELD TRIP
PARTICIPATION**

Page 1 of 2

Dear Parent/Guardian, APS is pleased to expand the learning for your child:

Please read the information below, sign and return the form to _____ by
_____, 20__

Trip Date _____ Time _____

Destination _____ Cost _____

Educational Purpose _____

She/he will be transported by

School bus Commercial Carrier Parent/Guardian arranged transportation

Other (please specify) _____

-----**Statement of Consent**-----

1. I understand that the field trip will take place away from school property; may involve transportation by school bus, private vehicle, common carrier or other mode of transportation; and may involve activities beyond the scope of traditional school functions conducted on school district property.
2. I understand that the student's participation is voluntary, and that by participating in the field trip, such participation potentially involves risks and obligations that are impossible to predict but which are beyond the scope of those normally associated with traditional school functions conducted on school district property. These may include but are not limited to the risk of loss or damage to personal property, the risk of sickness, personal injury or death while participating in the field trip and the obligation for payment of fees and costs associated with the field trip.
3. I exempt the Aurora Public School District, its employees and authorized volunteers from all claims arising from the student's participation in the field trip unless caused by actions for which the school district would otherwise be liable under Colorado law.

**PARENT/LEGAL GUARDIAN PERMISSION FORM FOR FIELD TRIP
PARTICIPATION**

Page 2 of 2

4. I understand that Aurora Public Schools does not purchase, or have, any medical, dental or hospitalization insurance to cover injuries to or loss of life of pupils or to indemnify parents and guardians for expenses in connection therewith, and that such insurance, if desired, must be provided by the parent or guardian.
5. I understand that it is the responsibility of each student to make up any work missed in other classes while attending this trip.
6. I understand that my student must adhere to all regulations and policies of Aurora Public Schools and _____ School.
7. If you have questions, please contact _____ (field trip contact) at _____ (phone number) or by email at _____

For Parent or Guardian: *Please Return this entire page*

I have read and understand the above information, and give permission as follows: My student _____ (student's name, please print)

___ May participate in the above described field trip

___ May not participate in the above described field trip

Parent or Guardian name Printed _____

Parent or Guardian name Signature _____ Date _____

(Parent or Guardian)

Home Telephone _____

Cell _____

Please return this to your child's school