



SCHOOL DAY TRIP AGREEMENT

School Name: _____ *School Year:* _____

I. STUDENT AND FAMILY MEMBER

Student Information:

Student Name:	
Grade:	
Homeroom Teacher/Adviser:	
<i>(School may ask for additional identifying info here)</i> _____	

Family Member Information:

Parent/Legal Guardian ("Family Member") Name:		
Address:	Street:	
	City and Zip:	
Phone Number:		

II. STUDENT CONTACT AND EMERGENCY INFO

In addition, the School will use the family member and emergency contact information appears for this Student in the **JeffcoConnect Student Portal**: http://www.jeffcopublicschools.org/family_portal. If the School needs to contact family members or emergency contacts during the Trip, the School may use the information listed above, the information listed in the JeffcoConnect student portal, or both.

PLEASE KEEP STUDENT PORTAL INFO UPDATED.

III. THE SCHOOL DAY TRIP

The School is sponsoring the following day trip (the "Trip"): Destination:

Date: _____ Transportation: ☐ School Bus ☐ Other:

Leave Time and Location: _____

Returning Time and Location: _____

Cost: _____

Students who qualify for free and reduced lunch are generally not required to pay fees for school-sponsored trips. However, if Family Members choose to pay, the District will accept it as a donation. Please contact the school principal for more information on trip fee waivers.

When and how payable: _____

Student should bring the following:

- ☐ Packed Lunch
- ☐ Walking Shoes
- ☐ Outdoor Clothes Appropriate for the Weather
- ☐ Cash in this amount: _____
- ☐ Sun Block, Hat, and Sunglasses

☐ Other: _____

- ❖ The Trip takes place during regular school hours or may extend before or after regular school hours, but will NOT extend overnight.
- ❖ The School is conducting the Trip in accordance with District policies, including without limitation, *EEAEC-R Student Conduct on School Buses*, *EEAFA-R Extracurricular Activity/Buses/Field Trips – Special Events Transportation*, and *EEA-R Student Transportation Services*.

IV. EMERGENCY CARE

It is the Family Member's responsibility to ensure that the Student has health and accident insurance coverage. The School may have information on how to obtain accident insurance for the Trip. Families wishing to explore options may inquire with the School Financial Secretary.

During the Trip, the Student may experience injury or other medical emergency. The Student might require medical attention or might be sent to a hospital or urgent care facility. If this were to occur, the District will attempt to notify the Family Member or emergency contact persons on file in JeffcoConnect's Student Portal.

➔ **NOTE TO FAMILY MEMBER: If the Student has an IEP, 504 Plan, or Health Plan, and you have concerns or comments, please reach out to the School Principal and the School or District Nurse!**

I, _____ (insert Family Member name) consent to the medical or surgical care or treatment considered necessary to aid and protect the Student, if the Student experiences a medical, dental, trauma, or surgical emergency on a Trip.

Signature _____ Date: _____

V. PERMISSIONS, RELEASES, AND ASSUMPTION OF RISK

By signing below, I, the Student's Family Member, agree, represent, and state as follows:

1. I am the Family Member of the Student, and I am authorized to grant these agreements, permissions, and releases.
2. I give my express permission for the Student to participate in and go on the Trip described above.
3. I grant the School and the District full authority to take whatever action they deem reasonably necessary to safeguard the health, safety, and well-being of the Student and other individuals participating in the Trip. This includes, but is not limited to, authorization to secure medical treatment for the Student, or return the Student to their home, if the District deems it necessary in their sole discretion.
4. In the event of an emergency or injury affecting or involving the Student, I authorize the School, the District, and any individual teacher, chaperone, or other District employee or agent to protect and assist the Student, using their best judgment for the situation, and following this general protocol: (1) caring for the Student; (2) attempting to notify the Student's Family Member or other emergency contact; (3) getting the Student under professional medical care; and (4) calling 911 or equivalent.
5. The Student and I have previously reviewed and agreed to, or are contemporaneously reviewing and agreeing to, the Code of Conduct as in effect for the current school year. The Student and I understand that the Student is required to at all times comply with the Code of Conduct while going on a Trip.
6. I may need to pick up the Student from the Trip before the Trip's scheduled return. This may be due to medical events, the Student's conduct, events affecting the entire Trip, or any other reason.
7. I will contact the School Principal and School or District nurse if my Student has an IEP, 504 Plan, or Health Plan and I have concerns or comments about those plans in connection with the Trip.
8. **Assumption of Risk and Release. No Waiver of Governmental Immunity.** I understand and acknowledge that the Student's 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 property. The School and the District do not waive any of the immunities, rights, benefits, protections, or other provisions, of the Colorado Governmental Immunity Act, §24-10-101 *et seq.* C.R.S., or the Federal Tort Claims Act, 28 U.S.C. Pt. VI, Ch. 171 and 28 U.S.C. 1346(b). On behalf of the Student and myself, I assume all risks associated with the Trips and release the School, the District, and their employees, teachers, volunteers, officers, members of the District Board of Education, and agents from any liability for any claims or damages of any kind, except where the District would otherwise be liable for such claims.

Family Member's Signature: _____

Date of Signature: _____

I, the Student, have read the School's Code of Conduct and this Trip Agreement. I agree to abide by these expectations.

Student's Signature: _____

Date of Signature: _____