



**BOULDER VALLEY SCHOOL DISTRICT  
STUDENT TRAVEL  
FIELD TRIP PERMISSION FORM**

I hereby permit \_\_\_\_\_ to participate in  
\_\_\_\_\_ (student)  
\_\_\_\_\_ on \_\_\_\_\_  
(describe trip/activity) (dates)

**Cost:**

\*Fee Required: \_\_\_\_\_

\*Donation Requested: \_\_\_\_\_

\*TOTAL Requested: \_\_\_\_\_

**Transportation:**

\_\_\_ School Bus

\_\_\_ Private Car

\_\_\_ Walking

\_\_\_ Responsibility of parent

*\*If there is a financial hardship please contact the Principal's office for a fee waiver*

Necessary Supplies (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

I understand that the Field Trip/Activity may 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.

I acknowledge that my student's participation in these activities potentially involves risks and obligations that are impossible to predict, but may include the risk of loss or damage to personal property and the risk of sickness, personal injury or death.

I understand that the school district 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 purchased by me.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

YES NO I am available to/interested in chaperoning this field trip.  
(please circle)

YES NO I have completed a district-approved background check for this current school year.  
(please circle)

**PLEASE RETURN THIS SLIP PROMPTLY**