



SCHOOL DAY TRIP AGREEMENT

- Peak Expeditionary-Pennington
 Jefferson County Open School
 Other School: _____ School Year: _____

I. STUDENT AND FAMILY MEMBER

Student Information:

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

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. SCHOOL DAY TRIPS

- During the current school year, the School is sponsoring day trips (“Trips”) to various locations in the Denver Metro area and other places that the School group can reach and from which it can return within a day. The School will organize for and inform family members regarding transportation.
- Trips will take place during regular school hours or may extend before or after regular school hours, but will NOT extend overnight.
- The cost to students of each Trip will vary.
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.
- Before each Trip that the School plans, the School anticipates sending information home with the Student.
- The School is conducting the Trips 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*.
- By signing this Trip Agreement, the Family Member of the Student agrees (among other agreements stated below), that this Trip Agreement will govern all Trips in which the Student participates during the school year stated on the top of the first page, unless

the Family Member revokes this Trip Agreement earlier. To revoke this Trip Agreement, the Family Member must send a written notice to the School principal (or principal's designee).

IV. HEALTH INSURANCE INFORMATION AND 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.

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 the agreements, permissions, and releases in this Trip Agreement.
2. I give my express permission for the Student to participate in and go on those Trips in which the Student participates throughout the school year.
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 each 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. These may include, but are not limited to, the risk of loss or damage to personal property, the risk of sickness, personal injury or loss of life, and the obligation for payment of fees and costs associated with the Trip. 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: _____