

# SPRING TRIP 2018

**Departure:** Monday, May 14th    **Return:** Friday, May 18th @ 4pm  
**CORTEZ, COLORADO MCPHEE CAMPGROUND**

## Forms to Return by Friday, April 19

<b>YELLOW - Consent for excursion and release waiver</b>	
<b>GREEN - Medication Authorization - Physician's signature</b> One signed form for every medication even if it is over-the counter or as-needed. <b>EVERYONE NEEDS TO RETURN THIS FORM WITH PARENT SIGNATURE EVEN IF THERE ARE NO MEDICATIONS.</b>	
<b>PINK - Medical Emergency Form</b>	

**Parent Information Meeting:** Thursday, April 12th at 6:00 pm in Platt Library  
Please plan to attend, whether or not you will be able to volunteer.

**Driver Meeting:** Wednesday, May 2nd at 6:00 pm in Platt Library -  
Important meeting for parents who are driving on our trip

**Purpose of Trip:** Students have the opportunity to:

- Connect to the curriculum: this year's focus is biodiversity and conservation.
- Spend time in natural settings to gain an appreciation for the environment.
- Gain the skills needed to plan for excursions in the wilderness.
- Learn basic safety skills, leave no trace ethics, and how to prepare meals outdoors.
- Work together in both large and small group settings, engaging in activities designed to build community and increase interpersonal skills.

**Students Should:**

- Begin gathering camping equipment such as a sleeping bag, proper footwear, and a daypack being the big necessities.
- Find out if they have a tent to share with their group. (They will sleep in tents with other students of the same gender).
- Make sure they have their own place setting and utensils for eating. (The group will figure out what cookware is needed and divide up the responsibility for gathering it).
- Begin thinking about easy-to-make meals that their group might want to consider making. **All food will be planned and packed by the cook groups, including snacks.** Please do not send extra food, candy, or snacks.

*Since we are traveling by private car, we do require many parent volunteers to join us.*

**addition, we have other opportunities to volunteer here in Boulder, during the weeks preceding the trip.** If interested in volunteering contact your child's co-op teacher.

Yellow (1 of 2)

RETURN THIS

CONSENT FOR EXCURSION OR EXTENDED TRIP  
AND  
RELEASE WAIVER AND INDEMNIFICATION

I, We, the undersigned Parent(s)/Guardian(s) of \_\_\_\_\_ (herein Student), hereby give our consent and permission for Student to participate in and attend the Spring Trip to Cortez, Colorado (herein Trip) which shall occur on or about May 14-18, 2018. I/We understand that the trip is a voluntary activity not required as part of any course of study and that, but for my/our execution of this CONSENT FOR EXCURSION OR EXTENDED TRIP AND RELEASE, WAIVER AND INDEMNIFICATION, the student would not be allowed to participate in the trip.

I/We further understand that certain rules of conduct have been established for all participants during the trip and that I/we assume responsibility for the student's actions during the trip and the student's compliance with the rules. I/we further agree that the school district's policies and regulations related to student conduct and discipline will be in full force and effect during the trip. I/we agree that, in the event the student violates the established rules for students and/or school district policy related to student conduct during the trip:

1. I/We assume all liability for and agree to save, indemnify, defend and hold the Boulder Valley School District RE-2 (herein School District), its agents, servants and employees, harmless from any and all claims or demands of any sort or nature for damage or injury to persons or property caused by the acts or omissions of the student; and
2. In the event of repeated violations or a serious violation of the established rules and/or school district policy by the student, I/we will accept a collect telephone call concerning the Student's actions and behavior and I/we further understand, agree and consent to the student being returned home immediately by public transportation at my/our expense.
3. I/We understand and agree that my/our student may also be subject to disciplinary action pursuant to school district policy for his/her failure to follow school district policy and/or established trip rules.

The extended trip will take place away from school district property; may involve transportation provided by common carriers or other non-school provided means, and overnight stays in hotels, motels, or other non-school district facilities; and may involve activities beyond the scope of traditional functions conducted on school district property.

I/We understand and agree that the student's participation in the extended trip is entirely voluntary and that by undertaking to have my/our student participate in the extended trip, we expressly acknowledge that 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, without limitation, the risk of loss or damage to personal property, the risk of illness, personal injury or death while participating in the extended trip, and the obligation for payment of fees and costs associated with the extended trip. Since September 11, 2001, the risks also involve the potential for actual or threatened terrorist acts. Such acts may include, without limitation, the following risks: risks of personal injury, illness, death, and the loss of our damage to personal property. The risks also include the possibility that the trip may be cancelled, altered or terminated early because of actual or threatened terrorist acts. In such cases, fees and expenses 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) expressly understand and agree to assume all risks associated in any way whatsoever with the extended trip. It is expressly understood that all such risks, and potential losses, damage, injury or death are not known and cannot be determined as of the date of this Agreement, but it is the express intent of the undersigned parties that this Release and assumption of risk apply to any and all such unknown risks, damage, losses, injuries and death.

I/We understand and agree that the school district, its servants, agents and employees, do not assume any liability for loss or damage to any personal property owned by the student, by me/us or any other party, and I/we

(see back)

Yellow (2 of 4)

waive any claim against and release the district, its agents, servants and employees, from or for any such loss or damage.

I/We also waive any claim against the school district, its agents, servants and employees, and hereby release them from any claim, cause of action or demand I/we may have arising out of or in connection with any personal or bodily injury, illness, death or property damage which the student may sustain during the trip and agree to indemnify, save and hold the school district, its agents, servants and employees, harmless from any claim, demand or cause of action of whatsoever nature or kind asserted by or on behalf of the student for any personal or bodily injury, illness, death or property damage sustained by the student during the trip and the student's participation therein.

The undersigned parties agree to pay all applicable costs, expenses and fees arising out of the student's participation in the extended trip, and further agree to indemnify and hold harmless the school district, its officers, agents, employees, teachers and schools against any claims for such costs, expenses and fees. By signing below, the student and parent(s)/guardian(s) expressly understand and agree that such costs, expenses and fees may not be refunded if the extended trip program is cancelled, altered or terminated early based upon future circumstances or events, including, without limitation, government advisories regarding travel, actual or threatened terrorist acts and other circumstance which may affect the health, safety and welfare of participants

The undersigned parent(s)/guardian(s) agree(s) to inform the sponsoring teachers of any history of mental, physical, emotional, or behavioral issues of the student that could affect the general welfare of him/her and/or the group prior to the stated date of acceptance or denial to participate in the extended trip.

By our signatures hereon, I/we affirm that I/we have read and fully understand the terms, conditions, releases, waivers and assumptions above set forth.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Student Name, Address, Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent(s)/Guardian(s) Name, Address and Telephone

\_\_\_\_\_  
Signature

School: NEVIN PLATT MIDDLE - CHOICE  
Destination: Cortez, Colorado  
Date(s) of trip activity: May 14-18, 2018  
Teacher: ALL CHOICE TEACHERS

**EA - MUST BE RETURNED WHETHER YOUR CHILD REQUIRES GREEN MEDS OR NOT. IF NO MEDS, MARK N/A + SIGN. NAME:** \_\_\_\_\_

BOULDER VALLEY SCHOOL DISTRICT RE-2 / BOULDER COUNTY HEALTH DEPARTMENT  
**SCHOOL HEALTH PROGRAM**



**PARENT'S REQUEST FOR GIVING MEDICINE AT SCHOOL  
And  
RELEASE AGREEMENT AND PHYSICIAN'S SIGNED ORDER**

The undersigned parent(s) or guardian(s) of \_\_\_\_\_ hereby request  
personnel employed by either the Boulder Valley School District Re-2 or the Boulder County Health  
Department to see that said child receives \_\_\_\_\_  
(name of medicine)  
at \_\_\_\_\_ as described below by prescribing physician.  
(time)

It is required by the Boulder Valley School district and the Boulder County Health Department as a condition to its agreement to administer any medication, that the medicine has been prescribed by a physician or dentist and that it has been furnished by the parent(s) or guardian(s) of the student with an appropriate label stating the child's name, name of the medicine, times at which medication is to be administered, the dosage and the date when the medication is to be stopped. It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent(s) or guardian(s). In consideration of the acceptance of the request to perform this service by any personnel employed by either the Boulder Valley School District Re-2 or the Boulder County Health Department, the undersigned parent(s) or guardian(s) hereby agree(s) to release the said institutions and their personnel from any legal claim(s) which they now have or may hereafter have arising out of the administration of (or failure to administer) the medication to the student.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Physician or dentist prescribing medication

\_\_\_\_\_  
School child attends

X

\_\_\_\_\_  
Signature of Parent or Guardian

**PHYSICIAN'S SIGNED ORDER FOR MEDICATION AT SCHOOL**

Student's name \_\_\_\_\_ medication \_\_\_\_\_

Route administration \_\_\_\_\_ Dosage \_\_\_\_\_ to be given at \_\_\_\_\_  
(time)  
from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Purpose of medication \_\_\_\_\_

Possible side effects \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

: inhalers & Epi-pens only.... Doctor, please sign below to give permission for student to carry and self-administer the inhaler and Epi-pen ordered on this form.

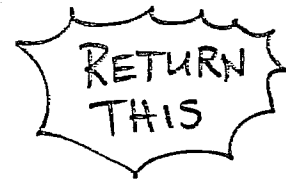
\_\_\_\_\_  
Physician's signature & date

**\*\*\* IMPORTANT - MAKE EXTRA COPIES IF NECESSARY. ONE FORM FOR EACH MEDICATION**

Pink

NAME: \_\_\_\_\_

Boulder Valley School District  
Student Travel – Extended Field Trips



**MEDICAL EMERGENCY FORM**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed physician, should his or her 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.

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 (if none, so state):

\_\_\_\_\_  
\_\_\_\_\_

My daughter/son has the following medical condition(s) which may require emergency care:

\_\_\_\_\_  
\_\_\_\_\_

My daughter/son requires the following medications:

\_\_\_\_\_

School district personnel cannot administer medication without a written and signed request from the parent/guardian and a signed order from a physician stating the student's name, the name of the medication, the dosage, the method of administration, the time and the inclusive dates for which the medication is to be given during a specific field trip.

I exempt the school district, its employees and authorized volunteers from all claims arising from the administration of (or failure to administer) medication and the administration of (or failure to administer) emergency medical treatment unless caused by actions for which the school district would otherwise be liable under Colorado law.

This authorization is for the time period beginning \_\_\_\_\_ and ending \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian Date

\_\_\_\_\_  
Name of Emergency Contact (please print) Emergency Contact Information

To be used for trips overnight, in-state or out-of-state and/or country. Parent must complete form and return to sponsor/building prior to trip.

**THIS FORM MUST ACCOMPANY SPONSOR ON TRIP**