

School Broomfield HS  
Destination Avista Hospital  
Date(s) of trip activity P.2: 9/14 & P.1: 9/15  
Teacher Stover

BOULDER VALLEY SCHOOL DISTRICT  
STUDENT TRAVEL  
FIELD TRIP PERMISSION FORM

I hereby permit \_\_\_\_\_ to participate in  
(student)

Tour of Avista's Mom/Baby Unit on P.2: 9/14 & P.1: 9/15 during class time only  
(describe trip/activity) (date(s))

He/she will be transported by:

School bus \_\_\_\_\_

Private Car X

Walking \_\_\_\_\_

Transportation is the

Responsibility of parent \_\_\_\_\_

Other Parent Drivers Needed

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

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

Donation requested\* \_\_\_\_\_

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

Necessary Supplies \_\_\_\_\_

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.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

*Parent or Guardian*

**PLEASE RETURN THIS SLIP PROMPTLY**

To be used for **local and metro area SHORT trips**, form is to be completed by staff and submitted to parent for signature.