Student Name: Trip Name: Date of Trip:

SPRUCE
COMMUNITY SCHOOL

FIELD WORK PERMISSION FORM

Including Request for Student Participation in School-Sponsored Off-Campus Activities, Medical Authorization, And Waiver and Release of Liability

I, the undersigned, request that my child/ward _____(print student name), be permitted to participate in the following school sponsored off-campus activity.

ACTIVITY INFORMATION

Name Teach Lead(s)			
Purpose of Trip + Activities			
Destination(s) (Address)			
Time of Departure		**Time of Return**	
Modes of Transportation			
Cost		**Will need school lunch?**	YES___ NO___

STUDENT INFORMATION

Student Name			
Student Address			
Student Mobile Phone			
Emergency Contact Name		Phone #	
Parent Guardian Names			
Parent Guardian Phone #s			

My child/ward and I/we understand and agree that my/our child/ward must abide by all school rules while on this trip, including those noted in the Student Parent Handbook. My/our child/ward understands and agrees that any violation of the school rules may result in them being sent home at my/our family's sole expense, and any violation of the school rules may result in disciplinary consequences per the Student Parent Handbook.

CONTINUED ON OTHER SIDE

Student Name: Trip Name: Date of Trip:

MEDICAL AUTHORIZATION

- ☐ My child/ward has no medical conditions and takes no medications about which school and emergency medical staff should be informed of
- ☐ My child/ward has the following medical conditions and /or is curently taking the following medication(s) about which the school instructor and/or emergency medical provider should be aware:

I/we hereby acknowledge that I/we know of no medical reason why my child/ward should not participate in the trip. In the event of illness or injury, I do hereby consent to whatever emergency medical treatment may be deemed necessary for my child/ward. I further understand and agree that any medical treatment will be provided at my expense (or that of my insurer) and that neither the School nor its affiliates will be responsible or liable for costs and fees related to such medical treatment.

Medical Insurance Carrier	Policy Number	Phone Number

Physician Name	Address	Phone Number

WAIVER and RELEASE

Pursuant to the Colorado Governmental Immunity Act (C.R.S. § 24-10-101 et seq.), and in consideration of my child's participation in the above-described field trip or excursion, I/we hereby waive, release, and hold harmless Spruce Community School, its officers, employees, agents, and volunteers, as well as Colorado Springs School District 11 and the State of Colorado, from and against any and all claims for injury, accident, illness, or death occurring during or as a result of said trip or excursion, except to the extent such claims arise from willful and wanton misconduct. I/we understand that participation in school-sponsored activities is voluntary and may involve certain inherent risks, and I/we voluntarily assume full responsibility for any such risks on behalf of my child.

I/We have carefully read and fully understand the above Waiver and Release of Liability. I/We acknowledge and accept the risks associated with this field trip or excursion and voluntarily give permission for my/our child to participate. By signing below, I/we confirm that I/we agree to the terms stated above.

Parent Printed Name	Signature:	Date:
Student Printed Name	Signature:	Date:

Student Name: Trip Name: Date of Trip: