

Westgate Charter School  
Colorado History Museum Permission Form

**PERMISSION FORM DUE by OCTOBER 17th TO PARTICIPATE**

Class/Team: 3<sup>rd</sup>/4<sup>th</sup> grade

Destination: Growing Gardens

Date: Thursday, October 18, 2018

Gather: Buses load at 9:15 am

Return: Buses leave gardens at 12:30 pm, arrive back to school approx. 1:00 pm

**We will eat lunch there and a SACK lunch is required...nothing that needs to be heated can be brought, please no pizza Lunchables.**

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1. I understand that the above identified club may involve activities beyond the scope of traditional school functions conducted on school district property.
2. I exempt the Westgate Community School, the Board of Education, the School District, its employees and authorized sponsors and volunteers from all claims arising from the student's participation in the above identified activity unless caused by actions for which the School District would otherwise be liable under Colorado law.
3. I understand and give full authority for the School District to take whatever action it deems necessary to safeguard the health and well-being of the participating student including, but not limited to, consenting emergency medical care.

INSURANCE – I understand the School District does not purchase or have any insurance to cover medical, dental or hospitalization to cover injuries to or loss of life of students, damage to or loss of personal property or to indemnify parents/guardians for any expenses in connection therewith, and that if any insurance is desired, it must be purchased by the parent/guardian.

EXPECTED STUDENT CONDUCT – Students of Adams Twelve Five Star Schools representing a class, sport, or activity have the responsibility to maintain the same behavior standards expected of them while they are in school and are subject to consequences for breaches of such standards just as though they were in school.

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As a parent/guardian of the student named below, I/we have read the above and do hereby grant permission for her/him to participate in the above identified activity.

Student Name: \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

\_\_\_\_\_  
Parent'(s) / Guardian Signature(s)

\_\_\_\_\_  
Date

Best Phone Number for Contact in case of Emergency: \_\_\_\_\_

I am able to chaperone on this field trip! \_\_\_\_\_

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**PROSPECTIVE CHAPERONES-** indicate your agreement by initially the following:

- I am aware of the Chaperone Expectations from the Community Handbook: \_\_\_\_\_
- I have completed a WCS Volunteer Form: \_\_\_\_\_
- I understand that only selected chaperones may attend the field trip: \_\_\_\_\_