

2026 6th Grade Trip

Our trip to YMCA of the Rockies – Estes Park will be here before we know it! Our 6th grade students will have the opportunity to experience and study nature in one of the finest National Parks in our country. The trip leaves DCS Montessori School on Tuesday morning, September 1st, and will return around lunchtime on Friday, September 4th. Transportation details are yet to be determined.

The cost of this trip is \$400.00 per student. The total payment is due by Friday, August 14th. Make payment via www.myschoolbucks.com

Next comes the fun part -- the paperwork. Following is an information packet for you and your child to review. Included in this packet are some required forms. **Please return these forms by Friday, May 8th.** We understand that it may not be possible to get the forms requiring a physician signature by this time, but please get all other forms turned in, and the doctor's forms as soon as possible. Please understand your child cannot go on this trip unless all the forms are signed and checked off by the district nurse.

The following checklist will help you keep track of the required forms. We understand that there is a great deal of paperwork. We also know that you are being asked to provide the same information on more than one form. Please take this as an indicator that everyone involved (Including teaching staff, school health Aides, and District Nurse Consultant) is working to ensure the preparation and safety of each student.

Student Name:

	Form Title	Pages		Completed
1	DCSD Extended Field Trip Parent / Student Permission, Release and Agreement	2		
2	DCSD Overnight Field Trip Permission Form <i>Includes Medical Emergency Consent.</i>	1		
3	DCSD Overnight Field Trip Health Form	1		
4	Permission for Medication Administration at School and Childcare (Each medication should be listed on its own form. If you have more than one medication, please fill out an additional form. Your child's physician must complete and sign these forms.)	1		
5	Proof of Health Insurance (No form provided - Please attach a copy of your policy card or other proof of medical insurance)			
6	YMCA of the Rockies Outdoor Education Student Liability Release	1		
7	YMCA of the Rockies Photo and Video/Audio Recording Release	1		
8	Estes Park Recommended Packing List	1		N/A

Please turn in all paperwork to your child's teacher.

Please pay via www.myschoolbucks.com

DOUGLAS COUNTY SCHOOL DISTRICT EXTENDED FIELD TRIP PARENT/STUDENT PERMISSION, RELEASE AND AGREEMENT FORM

I give my permission for _____ to

travel from DCS Montessori Charter School to YMCA of the Rockies on

Tuesday, September 1, 2026 with All Upper El. Teachers

We acknowledge having read and agree to abide by the Douglas County School District's Code of Conduct document. The student also agrees to follow all rules established by the teacher, coach and supervisors on the trip, including, without limitations, rules related to curfew, staying with the group, advising of whereabouts and rules related to behavior. Any violation of the school and/or District Policies or of rules set by the teacher, coach and supervisors will result in the appropriate disciplinary action up to and including sending the student home immediately at the expense of the parent and/or student. Further, any violation of school and/or District Policy and/or rules set by the teacher, coach and supervisors will result in the appropriate consequences, up to and including suspension/expulsion, upon return to school. Suspension or prohibition from participation in athletics, activities, and senior activities (including graduation ceremony) may also be consequences imposed for behavioral violations. We agree to abide by the above as a condition of participation in this extended field trip.

We acknowledge and agree that the students' participation in this special activity is entirely voluntary. Your written consent at the bottom of this form is necessary for your student to participate.

By deciding to participate in the Extended 'Field Trip, the undersigned parent(s)/guardian(s) and student expressly acknowledge that such participation in activities away from school may potentially involve risks and responsibilities for you and your student that are impossible to predict and which are beyond the scope of those normally associated with traditional school functions under Our supervision on School District property. These may include, without limitation, personal injury, illness, death and loss of or damage to personal property. Since September 11, 2001, the risks also involve the potential for actual or threatened terrorist acts.

Such acts involve risks which may include, 'without limitation, risks of personal injury, illness, death and the loss of or damage to personal property. The risks also include that the trip may be canceled, altered or terminated early because of actual or threatened terrorist acts. In such cases, fees and expenses associated with the trip 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) agree to exempt the School District and its employees and authorized volunteers from any and all liability associated in any way whatsoever with the extended field trip unless the School District would otherwise be liable under Colorado law. The School District reserves the right to cancel the program due to insufficient participation or to

(Over)

other circumstances. Where the program is canceled, all monies may be refunded, with the exception of application fees as specified by the sponsoring agency. However, as set forth above, if the trip is canceled based on outside circumstances or events, including, without limitation, government advisories regarding travel, actual or threatened terrorist acts, and other circumstances which could affect the health, safety or welfare of participants, monies may or may not be refunded, depending on the policies of the trip organizing company, travel, accommodation and activity providers.

The undersigned as the responsible parent/guardian agrees to inform the sponsoring teacher/coach of any history of mental, physical, emotional or behavioral issues of the student that could affect the general welfare of the student and/or the group.

We have thoroughly read and understand the statement of conditions stated herein and agree to the terms of the agreement, as noted by our signatures as follows:

Parent _____ Date _____

Student _____ Date _____

OVERNIGHT FIELD TRIP PERMISSION FORM

Parent/Guardian of: _____ Please return by: Friday, May 8th

Trip to: YMCA of the Rockies Date(s): September 1st – September 4th Fee: \$400.00

Because this activity will take place away from your child's school, there are some special considerations and procedures which apply. We have outlined these below:

Your child's participation in this special activity is voluntary. Your written consent at the bottom of this form is necessary for your child to participate.

Participation in activities away from school may potentially involve risks and responsibilities for you and your child that are beyond the scope of those **normally** associated with traditional school functions under our supervision. These may include, for example, personal injury or damage to personal property. We encourage you to inquire in advance concerning the nature and details of each field trip and of any potential risks which will be assumed through participation. By signing below, you acknowledge that you have made yourself aware of any potential risk associated with the field trip and that you voluntarily and knowingly assume all such risk.

The School District's responsibility for injuries to students, or damage to their property in connection with these activities is defined by Colorado law. Generally, the District has immunity from most claims, such as those resulting from the general supervision of students.

The School District does not have any medical/dental/hospitalization insurance covering students for injuries incurred at school or while on field trips. If you have not already done so you should investigate and must obtain medical insurance coverage for your child.

If your child does not abide by District rules of conduct and teacher instructions during the trip, it may become necessary to discontinue his/her participation in the activity. In that case, you may be responsible for picking up your child immediately.

I hereby give my permission for my student to attend the above referenced field trip. I hereby release and hold harmless the District, its director, Board Members, officers, agents, employees, teachers and authorized volunteers from any and all liability, liens, claims, demands, actions or cases of action, whatsoever arising from my students participation in the above reference field trip.

Parent/Guardian Signature: _____ Date: _____

MEDICAL EMERGENCY/CONSENT FOR FIELD TRIP

‘*’

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my child's 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.

I confirm to the Douglas County School District that my child is in good health and that his/her participation does not pose a hazard to his/her health or that of participating students.

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:

My student has the following medical condition(s), which may require emergency care (including allergies): _____

Signature of Parent or Guardian: _____ Date: _____

EMERGENCY CONTACTS FOR DAY(S) OF FIELD TRIP

Mother/Guardian _____	Work # _____	Home # _____
Mother/Guardian Cell # _____	Father/Guardian Cell # _____	
Father/Guardian _____	Work # _____	Home # _____

Permission for Medication Administration at School and Child Care

The parent/guardian of _____ ask that school/child care staff give the
Child's Name
 following medication _____ at _____
Name of Medicine & Dosage *Time(s)*

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, route, date medicine is to be stopped, and licensed Health Care Provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed Health Care Provider authorization, and medicine must be packaged in original container.

The school/child care agrees to administer medication prescribed by a licensed Health Care Provider with prescriptive authority. The parent agrees to pick up expired or unused medication within one week of notification by staff. All medication(s) left at the school will be discarded according to the most current state regulatory recommendations for safe medication disposal.

By signing this document, I give permission for my child's Health Care Provider to share information about the administration of this medication with the school staff delegated to administer medication.

Parent/Legal Guardian's Name

Parent/Legal Guardian Signature

Date _____

Work Phone

Alternate Phone

Health Care Provider Authorization

Child's Name:		Birthdate:
Medication:	Dosage:	Route:
To be given at the following times:	Start Date:	End Date:
Special Instructions:		
Purpose of Medication:		
Side Effects to be reported:		

Signature of Health Care Provider with Prescriptive Authority

Date _____

Print Name of Health Care Provider

Phone & Fax Number

Signature of Child Care Health Consultant or School Nurse

Date _____



Outdoor Education

Student Liability Release

By means of this agreement the undersigned individually, and on behalf of the participant child release, waive and discharge any and all claims against YMCA of the Rockies, Estes Park Center, Outdoor Education Department for any and all liability for any and all loss or damage caused by negligent acts or omissions of YMCA of the Rockies.

School DCS MONTESSORI Student Name _____

Phone _____ Race _____ Sex _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Acknowledgement of risk, waiver, release and indemnification

To Parent or Guardian:

This permission form must be filled out completely and returned to your child's teacher in order for your child to attend activities at the YMCA of the Rockies. No child will be permitted to participate in activities at the YMCA of the Rockies without the complete and signed form.

We, the Parents/Guardians of _____, individually and on behalf of the participant child, do hereby release the YMCA of the Rockies, Outdoor Education Instructors, Outdoor Education Department from any damages as a result of any sickness or injury during the duration of their Outdoor Education experience. We further understand and acknowledge that certain adventure activities, high ropes, walking on uneven trails, etc. have an increased risk of injury.

Certain risks cannot be eliminated due to the Center's mountain setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be the cause of loss or damage to your property, accidental injury or illness, or in extreme cases, permanent trauma or death including if caused by negligence.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR THE CHILD PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO THE CHILD PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN OUTDOOR EDUCATION EXPERIENCES AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY THE CHILD PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Student _____ Date _____

Signature of Parent/Guardian #1 _____ Date _____

Signature of Parent/Guardian #2 _____ Date _____



YMCA OF THE ROCKIES PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by YMCA OF THE ROCKIES, I hereby give my permission and consent, now and for all time, to YMCA OF THE ROCKIES, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA OF THE ROCKIES and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF THE ROCKIES for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA OF THE ROCKIES, I authorize, according to this Release, shall belong to YMCA OF THE ROCKIES, YMCA of the USA and third parties collaborating with YMCA OF THE ROCKIES and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA OF THE ROCKIES;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA OF THE ROCKIES will not be subject to any obligation of confidentiality and may be shared with and used by YMCA OF THE ROCKIES, YMCA of the USA and third parties collaborating with YMCA OF THE ROCKIES and/or YMCA of the USA;
- YMCA OF THE ROCKIES, YMCA of the USA and third parties collaborating with YMCA OF THE ROCKIES and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF THE ROCKIES; and
- YMCA OF THE ROCKIES, YMCA of the USA and third parties collaborating with YMCA OF THE ROCKIES and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF THE ROCKIES for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA OF THE ROCKIES, YMCA of the USA and third parties collaborating with YMCA OF THE ROCKIES and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA OF THE ROCKIES as described herein.

Signature: _____ Printed Name: _____

Age: _____ Address: _____

I am the Mother/Father/Legal Guardian of _____ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Date: _____

*DCS Montessori 6th Grade Trip
YMCA Of the Rockies – Estes Park*

Recommended Packing List

Our classes are conducted outdoors, rain or shine. It is essential that each student comes prepared for all types of weather. Please label all your child's belongings. This helps if items are lost.

Essentials

- *Warm coat or Jacket*
- *Rainwear – Jacket, Pants, or Poncho*
- *Gloves or Mittens*
- *Warm winter hat*
- *2 sweaters or sweatshirts*
- *Sturdy shoes or hiking boots*
- *Extra pair or athletic shoes – we will be using the indoor gym*
- *Extra Socks – lots*
- *Change of Clothes*
- *Sleeping attire*
- *Long underwear*
- *Day pack or book bag*
- *Water Bottle – 2 smaller bottles work well*
- *Personal toiletries - especially toothbrush and paste, soap, comb or brush, shampoo, and deodorant.*
- *Sunglasses*
- *Sunscreen*
- *Swimsuit – we will be using the indoor pool.*
- *Book*
- *Optional- Camera and Flashlight*
- *A great attitude!*

The YMCA provides towels and linens (bedding).

Do not bring:

- *Money*
- *Knives / Firearms (including "Leatherman's" or pocket knives.)*
- *Matches*
- *Electronics of ANY kind – Yes, this includes cell phones, iPods, Laptops, and games.*
- *Candy or Junk food.*

Students will not be able to receive or make phone calls, text messages, or email. In an emergency, you may leave a message for one of the teachers who will forward this to the student if necessary. The number for the front desk of the YMCA is (970) 568-3341, Andrea Dreier (303) 887-6821