

# My School Bucks

How to sign-up & pay for a field trip

# Select “Click Here for School Store”

Welcome to the Douglas County School District RE1 Payments Portal

School Fees -Student fee questions: web store purchases, invoices, and refunds contact your school directly.

Meal Accounts - Lunch account questions: purchases, refunds, balance transfers email Paula.Wilson@dcsdk12.org.  
Make sure to include student's name(s) and mailing address in your email. [Click here to request purchasing restrictions be added to your student's lunch account.](#)

Free and Reduced Lunch Program Questions - email Susan.Babineau@dcsdk12.org.



Click Here for Meal Accounts



Click Here for School Store

Click Here for School Store

# Choose “Browse All Items”

## Welcome to the Douglas County School District RE1 School Store

MySchoolBucks School Store gives you convenient, 24/7 access to pay for school related items. See what's new in the school store today. Click the BROWSE ALL ITEMS button to get started. It's easy!

[Browse All Items](#)

# Choose the “Field Trip” for your child’s grade and “View Details”



2nd Grade Tennis Club ...

[View Details](#)



AVA 2019-2020 Field Tr...

[View Details](#)



DCHS Wish Week

[View Details](#)

Enter your student's name and keep scrolling down to fill in all fields for the permission slip form.

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AVA 2019-2020 Field Trip-2nd gr- 4 mile Park 11/4/19

Student

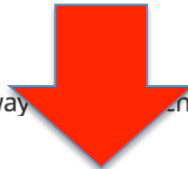
--select--

 Add a Student

Our Price

**Permission**

Because this activity may take place after school hours or away from child's school, there are some special considerations and





## AVA 2019-2020 Field Trip-2nd gr- 4 mile Park 11/4/19

Student

--select--

[+ Add a Student](#)

Our Price

### Permission

Because this activity may take place after school hours or 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 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, 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 fails to abide by District rules or 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 give permission for my child to be transported to and from the trip destination via district authorized vehicles, including vehicles operated by district approved charter companies. 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 student's participation in the above referenced field trip.

By initialing below, I agree to the above statements.

Initials

Keep scrolling  
down and  
complete all  
fields...

Enter medical  
information,  
emergency  
contacts, etc.

... Almost  
there!

demands, actions or cases of action, whatsoever arising from my student's participation in the above referenced field trip.

By initialing below, I agree to the above statements.

Initials

**Medical Emergency/Consent for Field Trip**

I, being the parent or legal guardian of the child I am registering, give my consent for emergency and 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 be first 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:

Treatment prohibitions

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

list of conditions/allergies

By initialing below, I agree to the above statements and give my consent for medical treatment.

Initials

**Emergency Contacts for Day(s) of Field Trip**

Parent/Guardian

Work # or N/A

Cell or Home # or N/A

Parent/Guardian or  
Emergency Contact

Work # or N/A

Cell or Home # or N/A

# When all fields are complete, at the bottom of the page “Add to Basket”

Cell or Home # or N/A

## Electronic Signature

**By checking the box below, I certify that I am 18 years of age or older.**

☐ Age Certification

By entering my name below, I understand that I am providing an electronic signature which will serve as authorization and verification of the accuracy and completeness of the information I have provided.

Please enter your student's Homeroom Teacher's name:


Cancel


Add To Basket




At the top of the page, click on the cart to go to the cart and pay.


Home ▾ Meal Accounts ▾ School Store ▾

1 items | \$12.45 

x 1 AVA 2019-2020 \$12.45   
Field Trip-2nd gr- 4  
mile Park 11/4/19

**View Cart / Checkout**

 AVA 2019-2020 Field Tr...

 DCHS Wish Week

Details View Details View Details