

School-Related Student Trip Forms

FIELD TRIP TIPS AND INFORMATION

<p style="text-align: center;">Teacher Planner Tips</p> <ul style="list-style-type: none"> ➤ Field trips should be educational/align with course/core content, goals ➤ Use timeline in form and follow all tips ➤ Use official field trip request form ➤ Send out complete forms once approved ➤ Confirm all volunteers are on approved list ➤ Consult with cafeteria for lunch ➤ Collect payment ➤ Copy of permission to student ➤ Ensure signatures ➤ Review orientation and procedures with chaperones ➤ Collect student lunches and make sure every student has lunch ➤ Consult with nurse about routine and emergency medications that may be needed. ➤ School personnel must have received training to administer medications ➤ Invite parents whose children require emergency and routine medications to serve as chaperones ➤ Bring emergency medical kit and all medications for students ➤ Post attendance prior to leaving ➤ All adults must know the agenda ➤ Use secondary trusted adult for safety as a secondary for you ➤ Count students off and on bus ➤ Be at head of line ➤ Assign adult at end of line ➤ Other adults spread out among students ➤ Monitor all students when safety is question ➤ Evaluate loading areas for safety ➤ Always confirm count of chaperones and students prior to leaving ➤ Be attentive 	<p style="text-align: center;">Chaperone Tips</p> <ul style="list-style-type: none"> ➤ Background check/allow time for check ➤ No siblings may participate ➤ Stay with the group at all times ➤ Spread out among students ➤ Medical and other issues are confidential ➤ No smoking ➤ Report on time to arranged meeting places ➤ Monitor restroom visits ➤ Follow all rules of the site ➤ Supervise students ➤ Observe traffic signals and use crosswalks ➤ Monitor bus behavior ➤ Set cell phone to vibrate and limit cell phone use to emergency only ➤ Be aware of hazards ➤ Support teacher by supporting assignments that need to be completed <p style="text-align: center;">Student Tips</p> <ul style="list-style-type: none"> ➤ Purpose is learning- be focused on education purpose ➤ Listen to adults ➤ Stay with your group ➤ Use sidewalks ➤ Walk on left facing traffic ➤ Obey signals and use crosswalks ➤ No valuables/electronic devices ➤ Make sure cell phones are turned off- same as in school ➤ Use good manners/follow all rules/respect all ➤ Stay seated and quiet on buses ➤ Follow six pillars of expected behavior ➤ Respect, responsibility, trust, fairness, citizenship and caring
<p>School Principal Tips</p> <ul style="list-style-type: none"> ➤ Check to make sure that the meal plans are detailed and specific ➤ Make sure there are enough chaperones for students and verify all are on approved listing ➤ Make sure Board approval time is built in for the trip ➤ Double check that medication administration requirements are met 	

School-Level Field Trip Planning Checklist

(To be used when students are taken off campus for any school purposes)

Trip date(s): _____ Destination of Trip: _____

School: _____ Destination State: _____

6 WEEKS IN ADVANCE: (_____)

- Check the District approved field trip list to ensure this location is approved.
- Request Board approval for any trip not on the approved list, overnight, out-of-state or over fifty (50) miles from the Board Office even if already on the approved list. Use the official "Kenton County Field Trip Request Form". All trips that require Board approval must be submitted to the appropriate central office employee at least ten (10) days prior to the Board meeting. Failure to meet this deadline or incomplete forms shall be denied.
- Sponsor/coach has obtained list of any students who require daily administration of medication.
- Cost for nursing, if applicable, shall be arranged and paid by school (especially with overnights).

4 WEEKS IN ADVANCE: (_____)

- Send out student permission forms.
- Submit bus request to Transportation Department and appropriate paperwork to building bookkeeper.

2 WEEKS IN ADVANCE: (_____)

- Confirm receipt of student permission forms, authenticate signatures, and send duplicate notices as needed.
- Confirm parents requesting to chaperone are on the approved list and begin assignment of chaperones to students (adult/student ratio). Parents of students who require emergency and/or routine medications should be invited to chaperone if they are on the approved list.
- Confirm transportation arrangements with appropriate provider.
- Consult with Cafeteria Manager on lunch arrangements, including number of students out of the building, if lunch is not provided through District Food Service.
- Review permission slips with School Nurse for medications and/or specific adaptations and ensure trained medical person with backup will attend.
- *Confirm trip specifics and student numbers with Principal/designee. Secure initials of Principal/designee. (_____)

ON THE DAY OF THE TRIP, BE SURE TO:

- | | |
|--|--|
| <input type="checkbox"/> Provide chaperone orientation (video, etc.) | <input type="checkbox"/> Take student lunches |
| <input type="checkbox"/> Take a classroom emergency kit | <input type="checkbox"/> Take student medications in original labeled bottle |
| <input type="checkbox"/> Post attendance prior to leaving | <input type="checkbox"/> Take required payments |
| <input type="checkbox"/> Take student permission slips | <input type="checkbox"/> Give office copies of permission slips |

Student Trip Request Form

This form is to be used when students take any trip off campus for school purposes.

School: _____ Trip Date: _____

Destination/Location and State: _____

Type of Field Trip and Student/Team Participating: _____

Depart: _____ AM/PM Field Trip Location Contact Person/Number: _____

Return: _____ AM/PM District Contact Person/Number: _____

Teachers: _____ # Students: _____ # Parents: _____ Adult/Student Ratio: _____

Additional Staff: _____

Cost	Transportation	Meals (check at least one – if “other”, must be listed)
Per Student: \$ _____	<input type="checkbox"/> District Bus	<input type="checkbox"/> District
Per Adult \$ _____	<input type="checkbox"/> Bid Bus Company	<input type="checkbox"/> Student Packed
*Additional \$ _____	_____	<input type="checkbox"/> *Other
*explain: _____	Company Name	* Please list: _____
_____	<input type="checkbox"/> Other	_____

* Specifics required on meals for parent letter.

Trip Purpose and Core Content/learning targets: _____

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: _____

If any medication is listed on the permission form, someone must have been identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator of routine medications (if applicable): _____

Name of trained administrator of emergency medications (if applicable): _____

The following items have been completed or are in process. (Trip planner must initial):

- _____ The planner has viewed the field trip video
- _____ An anticipated Trip Itinerary is attached
- _____ Trip site has been evaluated for potential hazards/special requirements (date: _____)
- _____ Specifics on meals, lodging, etc. have been listed on the parent permission form
- _____ Funds have been secured for indigent students
- _____ Background checks for chaperone approval have been initiated
- _____ Final approved chaperones must be given to Principal at least three (3) school days prior to trip
- _____ Trained person for emergency medications is available as needed
- _____ Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for Ky. trips and states where approved, nurse, or parent attending): _____

Teacher Signature: _____ Grade(s): _____ Date: _____

MUST TURN IN TO NURSE AND ADMINISTRATOR FOR SIGNATURE

Student Trip Request Form

School Nurse Signature: _____ Date: _____
(Signature of school nurse required whether on approved listing or not.)

PRINCIPAL SHALL REVIEW AND SIGN PRIOR TO SENDING TO CENTRAL OFFICE.

All areas of this form are complete (meals, medication administration, location, times, etc.) ____

Board approval shall be initiated on the field trip (check all that apply):

- More than fifty (50) miles
- Overnight
- Not on Approved List
- Out-of-State
- Request to place on approved list

Principal's Signature: _____ Date: _____

All field trip forms requiring Board approval must be completed and submitted ten (10) days prior to the Board meeting. Incomplete or late forms cannot be accepted and may result in trip cancellation.

Final approval signature from Central Office personnel required for all extended day, out-of-state, overnight, and multiple day field trips prior to submission to the Board meeting.

Comments:

Central Office Representative's Signature: _____ Date: _____

Field Trip Parent Permission Form

My child, _____ has permission to go with his/her class to _____ on _____ for the purpose of _____.

All District and school policies shall be followed on this trip including: chaperone assignments for both day and overnight trips, adult/student ratios, transportation guidelines, and behavior expectations/dress codes as outlined in the District's *Code of Acceptable Behavior*.

Times		Cost		Transportation
Depart: _____		Per Student: \$ _____		District Bus: _____
Return: _____		Per Adult: \$ _____		Other: _____
		Due Date: _____		
meals	Kenton County Food Services	<input type="checkbox"/>	Packed Lunch <input type="checkbox"/>	
	Restaurant/Fast Food: (Name and location of each stop)	Name and location of stops:		
Over Night	Date: _____	Lodging:		
	Date: _____	Lodging:		

If the Board determines that world, national, or local events pose a potential threat to student safety, field trips shall be cancelled. In such a cancellation, the Board shall not authorize the use of District or building funds to reimburse any expenses not covered by cancellation insurance. All losses will be assumed by the parent/guardian. Please initial to indicate that you have read and understand the conditions of this clause. _____

(Parent/guardian Initials)

If checked, it is recommended that the parent/guardian secure cancellation insurance. Information attached.

Should there develop a medical emergency that requires attention beyond first aid, every attempt will be made to contact the parent or guardian via the numbers listed below. However, in circumstances where timing is critical and/or communication problems develop, a student's life could be threatened by lack of medical attention. In order to avoid circumstances of this nature, please complete the following statement:

In cases of a medical emergency, as deemed by a physician and according to the procedures described above, I, as the parent/legal guardian, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to my child's health and safety.

Home Phone: _____ Address: _____

Mom (work): _____ (cell): _____ Dad (work): _____ (cell): _____

Family Doctor: _____ Phone: _____ Hospitalization Card #: _____

Name of Medical Insurance Carrier: _____

Allergies and/or reactions to drugs: _____

Medications currently taking: _____

Medications needed on this trip: _____

Who will be administering these medications? _____

DUE ONE (1) WEEK IN ADVANCE IF MEDICATIONS NEEDED (OFFICE USE – NURSE INITIAL UPON RETURN _____)

Parent/Guardian Signature: _____

Failure to provide complete, signed form will exclude the student from participating. Phone permission will not be accepted.

Principal's Signature

Teacher's Signature

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