

Field Trip Request Format Checklist Overnight and/or Out of State

All the items numbered must be included in an Out of State and/or Overnight Field Trip packet.

When finished with packet please send to School Improvement. School Improvement will then forward to Curriculum and then it will be presented to the Board.

1. _____ Field Trip Form (1 page front and back)
2. _____ A detailed paragraph describing the purpose of the field trip
3. _____ Daily itinerary indicating which activities students will be participating in and when these activities will take place each day. The itinerary must also include departure and return times to and from school.
4. _____ A list of chaperone names who will be on this field trip (If not available at the time trip was submitted, must be sent to Assistant Superintendent for approval prior to departure)
5. _____ Proper Medical Form
6. _____ Permission Slip
7. _____ 3 quotes attached if TSD Busses are not available (Explanation of bid choice)

Funding Source & Title	*BOTH columns must be filled out even if \$0. Rows not applicable use please write n/a.	
	Account Number or write Student Funded	Dollar Amount
Transportation:		
Registration:		
Hotel:		
Sub:		
All Inclusive Fee:		

Organizer Signature _____ Date: _____

Principal Signature _____ Date: _____

Director of State & Federal Programs _____ Date: _____

To be filled out by Curriculum Department

Information put into/verified in subbook by _____ on _____

Board Approval Yes _____ No _____ Date: _____

Organizer and Principal notified by email by _____ on _____

TAYLOR SCHOOL DISTRICT**Field Trip Request Form**

Directions: The Transportation Department and State & Federal Programs Department must receive this request at least fifteen (15) days prior to the date of the trip for in-state and/or one day trips. For out of state and/or multiple days at least 45 days prior to the date of the trip. Send form to School Improvement at the Board Office. When paperwork is finalized, the Principal and Transportation will receive a completed copy to file.

School: _____ One-Day ☐ Multi-Day* ☐ In-State ☐ Out of State* ☐

Destination: _____ Address: _____

Purpose of the Trip: _____

Date of Departure: _____ Time of Departure: _____ Date of Return: _____ Time of Return: _____

Number of students: _____ Number of chaperones: _____

Bus Needed: Yes _____ No _____ **Lift Bus Needed:** Yes _____ No _____

***If YES, you must call transportation to reserve a bus for your field trip before submitting this form.

School called Transportation Department to verify date on: _____ **ID#** _____

If NO, list mode of transportation: _____

Account number for bus:

Substitute Needed: Yes _____ No _____ If Yes, Full Day ☐ AM Only ☐ PM Only ☐

***If YES, you must call School Improvement to request a sub before submitting this form

School called School Improvement to request sub on: _____ **ID#** _____

Name(s) of Taylor Staff needing a sub: _____

Name(s) of Taylor Staff not needing a sub: _____

Please attach another sheet of paper if more space is needed.

Account number for sub:

I understand the Taylor Student Code of Conduct is in effect at all times during the field trip and I agree to enforce it.

Signature of Teacher _____ Date: _____

Principal's Approval _____ Date: _____

Director of State & Federal Programs _____ Date: _____

Approved by _____ Date: _____

***Overnight or Out of State requests must fill out the back also**

Overnight or Out of State Student and Trip Information Page

*Cost per student (out of pocket for parents (for this trip)? _____

Are student meals included in this cost? _____

If not, what are the arrangements for student and

meals? _____

*How many students are on this trip? _____ male _____ female

*Where are you spending the night? (hotel, city, state) _____

How many students per room? _____

Where are chaperone rooms in relationship to student rooms? _____

How will students be chaperoned at night? _____

*What is the refund policy of this trip? _____

Have parents been made aware of this refund policy? Yes _____ No _____

Before the trip, the staff must share the information below:

*Chaperones and students must be informed that the Student Code of Conduct is in effect during the field trip.

*Chaperones need to be informed that all incidents requiring suspension, police involvement, significant hotel infractions, significant transportation infractions, or an incident requiring medical treatment must be reported to the Principal.

*Chaperones must be informed that an incidence of chaperone inappropriateness must be reported to the principal.

*Chaperones must be informed that student medical information will only be shared on a need to know basis. If medical information is shared with a chaperone on this basis, it is the expectation of the Taylor School District that the chaperone will not share it with anyone else except in the case of an emergency.

*Notify the School Kitchen two months before of the trip dates.

I agree to inform chaperones, kitchen staff and students of the following statements.

Staff Signature _____ **Date:** _____

Regarding Overnight or Out of State/Country Field Trips

With the tragic events and aftermath of September 11, 2001 attacks on America, situations could develop which might compromise the safety of students or staff who are participating in overnight or out of state/country field trips. If conditions become unsafe for student and staff travel, the Taylor Board of Education reserves the right to cancel, postpone or deny any school related field trip. Should an approved field trip be cancelled or postponed, each individual school will work with travel agencies regarding the refund of deposits. The Taylor School District will not be responsible for monies, which have been expended and cannot be refunded.

Purpose Of This Trip

A written paragraph describing the purpose and educational benefit of this trip.

Daily Itinerary

Daily itinerary must include what activities students will be participating in and when these activities will take place each day. The itinerary must also include when you will be departing from school and when you are expected to return.

Chaperone List

Employees

Parents/Others

TAYLOR SCHOOL DISTRICT

School Activity Medical Form

School: _____

Student's Name: _____
(Last) (First) (Birthdate) (Age) (Ht) (Wt)

Name of Parent/Guardian: _____
(Last) (First)

Address: _____ City: _____ Zip: _____

Home Phone (_____) _____ Cell Phone (_____) _____ Work Phone (_____) _____

****MEDICAL INFORMATION****

Medical Insurance: Yes _____ No _____ If yes, list name of company: _____

SS# _____ Contract No. _____ Group # _____

IMMUNIZATIONS (fill in date of immunization):

Tuberculin Test: Date and Result: _____ Tetanus Booster: _____

DtaP: _____ MMR (measles): _____ IPV (polio): _____

Hepatitis B: _____ Varicella (chicken pox): _____

Allergies: Food _____ Stings _____ Medicine _____

Others: _____ Treatment for allergies: _____

Is your child a Diabetic? _____ Yes _____ No If yes, treatment and medicine are needed?

Please specify any medication(s) student will be taking during the School Activity. Student must have a Medication Prescriber/Parent Authorization Form on file with the School District for the current school year for all medications listed below, authorizing the School District to administer or the student to self-possess and self-administer said medication pursuant to the instructions of the Student's Physician/Medication Subscriber:

Medicine: _____ Purpose: _____

Medicine: _____ Purpose: _____

Medicine: _____ Purpose: _____

School Personnel will administer all medication(s), unless the Student has a Medication Prescriber/Parent Authorization Form FOR SELF-ADMINISTRATION/SELF-POSSESSION on file with the School District for the current school year for all medications listed above.

Is this student undergoing any type of treatment or is there any other information which we should know about (attach a separate sheet if necessary)?

Please check only if it is OK to administer to your teen.

Do we have your permission to administer: _____ Tylenol _____ Ibuprofen?

**** Does the student have any Limitations of Activities or any emotional or behavioral considerations that may need to be addressed? (Attach a separate sheet if needed)****

Remember that certain School Activities such as band rehearsals and performances, etc., are physically challenging. Students who may be physically unable to perform such School Activities should inform and consult with the Activity Director.

Please be specific: _____

Family Physician: _____ Phone: (____) _____

Family Dentist: _____ Phone: (____) _____

Please be sure that all the information is complete and accurate.

We hereby give permission for our son/daughter to receive medical attention while participating in any way in the School Activity. We also give our permission for any Medical Treatment which may be advisable by the Camp Health Officer, a Physician, a Dentist, or a Paramedic. It is further warranted that if this agreement is signed by one of two (2) parents it is with the authority of the other. This form is for the school year July 1, 200__ to June 30, 200_. Signing this form also gives permission for the student to participate in the School Activity during and after school following applicable District guidelines.

I/WE CERTIFY THAT THE INFORMATION DESCRIBED ABOVE IS ACCURATE AND COMPLETE. I/WE UNDERSTAND THAT EACH STUDENT IS RESPONSIBLE FOR HIS/HER OWN HEALTH INSURANCE COVERAGE DURING THE SCHOOL ACTIVITY. I/WE HEREBY RELEASE THE SCHOOL DISTRICT, THE BOARD OF EDUCATION, STAFF, AND ANY DESIGNATED INDIVIDUAL IN CHARGE OF THE SCHOOL ACTIVITY FROM ANY LEGAL OR FINANCIAL RESPONSIBILITY WITH RESPECT TO THE STUDENT'S PARTICIPATION IN THE SCHOOL ACTIVITY AND/OR ADMINISTRATION OF MEDICATION. FURTHERMORE, I/WE AGREE TO INDEMNIFY THE DISTRICT, AND HOLD IT HARMLESS, FOR ALL ACTUAL ATTORNEYS FEES AND COSTS, SETTLEMENTS, DECISIONS, AWARDS, JUDGMENTS, LIABILITIES, INTEREST AND BONDS ARISING FROM OR RELATED TO THE STUDENT'S PARTICIPATION IN THE SCHOOL ACTIVITY AND/OR ADMINISTRATION OF MEDICATION.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please attach a separate sheet to disclose any other physical or mental concerns. Any other special instructions or limitations should also be attached to this form.

List two (2) emergency contacts and phone numbers for these contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PLEASE COMPLETE (FOR OFFSITE SCHOOL ACTIVITIES)

Student's Name: _____ will be riding home from the Offsite School Activity with:

Check one please: Parent(s) _____ School Bus _____ Other _____ (Specify

below) Other: _____

**TAYLOR SCHOOL DISTRICT
PARENT/LEGAL GUARDIAN PERMISSION FOR PARTICIPATION IN FIELD TRIP**

School: _____

Date: _____

To: Parent/Legal Guardian:

On _____, our class will be taking a field trip to _____.

We plan to leave from _____ at _____ and return to _____ on _____ at _____.

The cost of the trip is _____, and we will be using the following mode of transportation: _____ Commercial Bus _____ Private Vehicle _____ School Bus _____ Walking _____ Other (Specify: _____).

We would like your child to accompany us on this field trip. Please sign and return this Permission Slip no later than _____

(Detach and return)

Classroom Teacher: _____

I, the parent/legal guardian of _____ ("the student"), give my
(child's full name)

permission for the student to participate in the school-sponsored field trip described above.

Phone numbers where the parent/legal guardian can be reached during the field trip:

Home Phone _____; Work Phone _____; Cell Phone _____

Medical information of which the teachers/chaperones should be aware, and medications* needed by the student while on the field trip: _____

*Medication authorization form must be on file in the school office.

I understand that the student is not required to participate in this field trip, that it is not part of the student's required curriculum, and that should I decline to sign and return this form, the School District will provide an alternative educational experience for the student for the duration of the field trip.

I understand that during this field trip, the student is expected to follow all school rules, and will cooperate with, and follow the directions of, the teachers, chaperons, and bus drivers.

I agree to hold the Taylor School District, and its employees, and agents, harmless from all damages, costs, and attorney fees incurred as a result of any injury or damages caused by the student during the course of this field trip.

I understand the District has the right to cancel any field trip for any reason, and the District is not responsible for reimbursement of fees/expenses previously paid.

Signature of Parent/Legal Guardian

Date

