

## FIELD TRIP GUIDELINES

Field trips, tours, and excursions (hereinafter referred to as “trip”) require careful planning. They necessitate administrative and parental/guardian approval, suitable behavior for the occasion, and sufficient orientation to ensure the most effective learning outcomes. The trip should originate from a current unit of study and be appropriate for the age and maturity level of the group. Students should understand the field trip and what is to be learned. As soon as possible after the trip, the teacher should, with the students, review and evaluate the objectives of the trip.

Whenever possible, students should be transported in school or chartered buses that are bonded and insured transportation carriers. In certain situations when transporting small numbers of students, vans can be used if they meet the requirements of the Transportation Code. Specific questions should be directed to the transportation department.

If rented vehicles are used, the vehicle must be insured, and the operator of the vehicle must be appropriately licensed and insured. Rented trucks can be used to transport instruments or equipment when bands/orchestras and other groups are traveling. The operator of the vehicle will ensure that the number of passengers does not exceed the designated capacity of the vehicle and that each passenger is secured by a safety belt. The owner and/or the person who leases a vehicle assumes all liability. School employees who rent vehicles on behalf of the district are covered under the district insurance policy. [See policy FMG (LOCAL)]

The campus administrator or instructional staff person/sponsor will determine the ratio of students per adult based on classroom/group needs. Instructional staff and chaperones are responsible for student safety and conduct while on the trip.

Field trips may be canceled at the discretion of the sponsor with prior approval of the principal for any of the following events or any other event, which could possibly jeopardize the safety, and security of the students and/or District employees including but not limited to:

- a. Unsafe conditions.
- b. Lack of funds.
- c. Natural disasters.
- d. Travel advisories issued for the geographical area.

“In-district and/or local trips” must be submitted to the **Campus Principal** for approval. Campuses will use the field trip proposal form and the bus requisition form or other travel forms for the approval process for any field trips. The trip proposal format must contain the following:

- a. Campus adopted proposal
- b. A plan for medical emergencies
- c. Medical health conditions for each student
- d. Bus requisition form

Trips that are out-of-state, out-of-country, and/or overnight or to any area where student safety is in question must be submitted in proposal format [see FMG (EXHIBIT)], which must contain, but not be limited to the following:

- a. A clearly defined instructional purpose for the trip.
- b. A defined student/chaperone supervision ratio sufficient to meet reasonable safety requirements.

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- R
- c. A full accounting of the cost of the activity to be managed out of the local campus budget or activity fund.
  - d. Documented pre-approved travel and transportation.
  - e. A plan for medical emergencies.
  - f. An explanation of any activity that may be hazardous and the safety procedures and precautions that will be taken to ensure student safety. **Swimming or water activities without an on-duty lifeguard or certified water safety sponsor is prohibited.**
  - g. A security plan for monitoring rooms during the night to ensure safety for participants.
  - h. The request must be forwarded to the **Associate Superintendent of Instructional Leadership** or designee who will inform the Superintendent of Schools [see FMG (LOCAL)].

Teacher sponsor responsibilities for out-of-state, out-of-country, and/or overnight are as follows:

- a. Secure all approvals and notices prior to committing the District and collecting/raising funds. The school principal will forward the written request to the **Associate Superintendent of Instructional Leadership** or designee for approval for in state trips. Trips out of state will be forwarded on to the Superintendent. Trips out of the country also require permission of the Board of Trustees.
- b. Provide appropriate adult supervision. The ratio of students to chaperone will be determined by **Campus Principal**.
- c. Inform chaperones, in writing, and prior to the trip, of their full responsibilities while on the trip, including any special instructions, necessary for a successful trip.
- d. Secure parent/guardian permission (Parent/Guardian Approval Form) in writing and retain in the possession of the sponsor. Sponsors and students may be required to complete other forms if the trip is being sponsored by an organization.
- e. The sponsor must be aware of students on prescribed medication and must keep and monitor the administration of the prescribed medication while on the trip. The sponsor must have a signed copy of the student's Physician/Parent Request for Administration of Medicine or Special Procedures by School Personnel, a copy of which may be obtained from the school nurse.
- f. Know what to do in the event of an accident or illness while on a trip. The teacher sponsor should:
  - Plan, with the school nurse, what to do in case of an accident or illness before leaving on the trip.
  - Render first aid for minor injuries, such as minor scrapes and cuts.
  - Call the local police department/emergency medical service for more serious injuries. If the emergency medical service transports the student to the hospital, the sponsor or his/her adult designee must accompany the student and remain with the student until the Parent/Guardian arrives.
  - Notify 1.) Principal, and 2.) Parent/Guardian.

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- Not assume hospital costs. This is the responsibility of the Parent/Guardian.
  - Upon return, make a report of the accident to the Principal who will provide a copy to the school nurse and the **Associate Superintendent of Instructional Leadership**.
- g. Frequently count the number of students, such as when the group arrives and departs from each activity. Implement a buddy system for use throughout the entire trip.

The following timeline will be followed when planning for field trips. Therefore, staff should plan accordingly when submitting documents for approval:

- Day trips - all required information must be submitted to the campus principal at least **two weeks** prior to planned activity. Trips out of the city of McAllen or trips paid from district level accounts should be forwarded on to the appropriate director or to the associate superintendent.
- Intrastate field trips (overnight trips) – **four weeks** (Associate Superintendent of Instructional Leadership/Designee)
- Out of state field trips(overnight trips) – **four weeks** (Superintendent)
- Out-of-country field trips (overnight trips) – **four months** (Board of Trustees).

For each trip, the parent/guardian will be notified of the purpose of the trip and will complete the Parent/ Guardian Approval Form, which will be returned to the school prior to the event.

Parent permission is required as follows:

- a. For each trip, a permission form (Parent/Guardian Approval for Student Participation) is necessary. Teams or groups which submit identical travel requests such as a sports team may collect one permission form with the schedule attached.
- b. The Parent/Guardian Approval for Student Participation form should include the following information:
  - Purpose(s) of the trip
  - Place(s) to be visited
  - Means of transportation
  - Date
  - Time of departure and return
  - Parent or guardian signature

Upon request of the Principal, additional information may be provided to Parent/Guardian in writing for trips such as:

- The name of the teachers who will supervise the trip
- Responsibility of the students
- Cost, if any, to the student

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- Special arrangements, if any
- Itinerary

Chaperones must be: District employees; or

Chaperones must adhere to established basic guidelines (Raptor System) for District-sponsored functions and additional guidelines as may be developed by the individual school. Chaperones are responsible for attending any designated information or procedural meeting prior to and during the field trip as required by the school principal, sponsor, or designee.

The primary reason for the chaperones is to supervise a group of students. Chaperones are responsible for students and are expected to stay with their assigned group and monitor their behavior for the entire field trip from departure time until they return to school.

Chaperones must sign a form acknowledging their responsibilities as chaperones and must not be allowed to smoke, use tobacco products of any type, consume alcoholic beverages or illegal drugs, or to be involved in any illegal or immoral activity during the trip. [See FMG (EXHIBIT)]

The ratio of students to chaperones will be determined by the campus administrator.

## **Guidelines for Field Trips**

### **Planning for the Field Trip Checklist**

The following exhibits are used by the District:

- Exhibit - Excursion Checklist
- Exhibit - Form A (Overnight Trip) Proposal
- Exhibit - Form B (Day Trips) Proposal
- Exhibit - FORM C Parent Approval/Release Form
- Exhibit - Teacher Sponsor Responsibilities for Trips
- Exhibit - Day Trip Planning Guide
- Exhibit - Chaperone Statement Acknowledging Roles and Responsibilities FORM D (English/Spanish)
- Exhibit - Chaperone Duties (English/Spanish)
- Exhibit - Parent-Provided Transportation Form FORM E(English/Spanish)

**EXCURSION CHECKLIST**

	<input type="checkbox"/> Overnight Field Trips/Excursion: <input type="checkbox"/> In State <input type="checkbox"/> Out of State <input type="checkbox"/> Out of the Country <p align="center"><b>Form A</b></p>	<input type="checkbox"/> Day trip <p align="center">*Required for any school sponsored activity where <u>organized</u> travel occurs.  <b>Form B</b></p>
<p><i>Please submit all forms listed in section applicable to field trip.</i></p>	<p><b>Submit four weeks in advance (Intrastate)</b>  <b>Submit four months in advance (Out of Country/State)</b></p> <p><b>Pre-approval Process:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fill out proposal <b>Form A</b></li> <li><input type="checkbox"/> Attach List of Student Participants</li> <li><input type="checkbox"/> Attach proposed itinerary.</li> <li><input type="checkbox"/> Submit packet for PRE-APPROVAL             <ul style="list-style-type: none"> <li><input type="checkbox"/> Trip Coordinator</li> <li><input type="checkbox"/> Principal</li> <li><input type="checkbox"/> Assoc. Supt/Director (<i>in state</i>)</li> <li><input type="checkbox"/> Supt. (<i>out of state only</i>)</li> <li><input type="checkbox"/> Board of Trustees (<i>out of country only</i>)</li> </ul> </li> </ul> <p><b>Once above packet is approved:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit MISD Bus requisition form and/or</li> <li><input type="checkbox"/> Submit MISD Travel Form with a copy of student participants attached (<i>as needed for district paid meals, charter buses, vans, or rental cars.</i>) and/or</li> <li><input type="checkbox"/> Collect Parent Provided Transportation Permission Forms (<i>one per student</i>) (<b>FORM E</b>)</li> <li><input type="checkbox"/> Parent Meeting Sign In Sheet</li> <li><input type="checkbox"/> Parent Meeting Agenda</li> <li><input type="checkbox"/> Parent/Guardian Approval/Release Forms (<i>one per student</i>)</li> <li><input type="checkbox"/> Chaperones cleared criminal background check list from front office (<i>Use Raptor System</i>)</li> <li><input type="checkbox"/> Chaperone Statement Form (<b>FORM D</b>) (<i>one each chaperone</i>)</li> <li><input type="checkbox"/> Submit participant's names to campus nurse for medical clearance.</li> </ul> <p>** Submit <u>completed</u> packet to include: pre-approved <b>Form A</b>, list of participants, final itinerary, parent meeting sign-in and agenda, one completed copy of parent approval/release form (<b>FORM C</b>), list of approved chaperones, and all signed parent provided transportation forms (<b>FORM D</b>) (if applicable) for <b>final signature</b>.</p> <p>*** <b>Approved completed travel packets <u>must be submitted to campus principal</u> prior to travel date.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Schedule PD Dog run (632-8768)(24 hours in advance of trip)</li> </ul>	<p><b>Submit two weeks in advance</b></p> <p><b>Complete travel packet.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fill out proposal <b>Form B</b>.</li> <li><input type="checkbox"/> Attach List of Student Participants.</li> <li><input type="checkbox"/> Attach season schedule. (<i>Groups with identical travel needs over a season such as a soccer team may submit one packet for the season with season schedule attached</i>)</li> <li><input type="checkbox"/> Attach <u>one</u> completed copy of Parent Approval/Release Form. (<b>FORM C</b>)</li> <li><input type="checkbox"/> Attach <u>signed</u> parent provided transportation permission forms. (<i>as needed only if travel is by parent's personal vehicles</i>) (<b>FORM E</b>)</li> <li><input type="checkbox"/> Submit this packet for approval.</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Trip Coordinator Teacher/Coach</li> <li><input type="checkbox"/> Principal</li> <li><input type="checkbox"/> Assoc. Supt/Director (trips out of McAllen or funded beyond campus level)</li> </ul> <p><b>After travel packet is approved:</b></p> <p>Mode of Transportation:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> MISD Bus Submit bus requisition form <u><b>with the above travel packet attached.</b></u></li> <li><input type="checkbox"/> All other forms of transportation Submit MISD travel form with a copy of student participants attached (<i>as needed for district paid meals, charter buses, vans, or rental cars</i>)  <b>Submit travel packet (above) to campus principal prior to traveling.</b></li> </ul> <p><b>In addition trip sponsor should:</b></p> <p><b>Collect:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parent/Guardian Approval/Release Form (<b>FORM C</b>) from all students. (<i>These forms are kept by the trip sponsor and should be in the sponsors possession at all times during the trip.</i>)</li> </ul> <p><b>* If chaperones are required collect:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chaperones cleared criminal background check list from front office (<i>Use Raptor System</i>)</li> <li><input type="checkbox"/> Signed Chaperone Statement form from each chaperone. (<b>FORM D</b>)</li> <li><input type="checkbox"/> Schedule PD Dog run for travel beyond border patrol check points (632-8768) (24 hours in advance of trip)</li> </ul>
<p><b>Approval Path:</b></p>	<p><b>FINAL APPROVAL:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Superintendent or Designee</b></li> </ul>	

	<p><input type="checkbox"/> UIL Sanctioned Athletic Event</p> <p>Day and/or Overnight Trip</p>	
<p><i>Please submit all forms listed in section applicable to field trip.</i></p>	<p style="text-align: center;"><b>SUBMIT TWO WEEKS IN ADVANCE</b></p> <p>I. FILED WITH CAMPUS TRAINER (At the beginning of each athletic sport) AND IN THE HANDS OF EVERY COACH/SPONSOR WHO TRAVELS WITH STUDENT PARTICIPANTS:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Current MISD Athletic Participation Packet</li> <li><input type="checkbox"/> Current List of Participants</li> <li><input type="checkbox"/> Season Schedule</li> <li><input type="checkbox"/> Itinerary/Schedule of Events (overnight only)</li> <li><input type="checkbox"/> Copy of Bus Requisition</li> </ul> <p>II. SUBMIT TO DIRECTOR OF ATHLETICS:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> MISD Bus Requisition</li> <li><input type="checkbox"/> MISD Travel Requisition (as needed)</li> <li><input type="checkbox"/> Form H Athletic Department Student/Sponsor Form (as needed)</li> <li><input type="checkbox"/> Form E (as needed only if travel is by parent's personal vehicle)</li> <li><input type="checkbox"/> Parent/Booster Club Meeting Agenda's and Sign-In Sheets</li> </ul> <p>*If chaperones are required collect:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chaperones cleared criminal background check list from front office (use Raptor System)</li> <li><input type="checkbox"/> Signed Chaperone statement form from each chaperone Form D</li> </ul> <p>III. SCHEDULE M.I.S.D. POLICE DEPARTMENT DOG RUN (for travel beyond Border Patrol Check Points) CONTACT 24 HOURS IN ADVANCE (956) 632-8768</p>	
<p><b>Approval Path:</b></p>	<p><b>FINAL APPROVAL:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Director of Athletics</b></li> </ul>	

**SCHOOL LEADERSHIP and ADMINISTRATIVE SERVICES DIVISION**

**Form A - OVERNIGHT TRIP Proposal**

Please follow **Policy FMG (Local)** that pertains to school-sponsored trips, excursions, and tours, and District's field trip guidelines.

*\*\*attach list of student participants and proposed itinerary*

Campus: \_\_\_\_\_ Date: \_\_\_\_\_  
                                     \_\_\_\_\_ In State                      \_\_\_\_\_ Out of State                      \_\_\_\_\_ Out of Country

<b>DESTINATION/LOCATION:</b> <i>(Place)</i>			
<b>CITY &amp; STATE:</b>	<b>TRIP DATE/S:</b>		<b>DEPARTURE TIME:</b>
			<b>RETURN TIME:</b>
<b>GROUP TRAVELING:</b>	<b>TRIP SPONSOR CONTACT INFO:</b> <i>(Name &amp; Cell #)</i>		
<b>LEARNING EXPECTATION:</b> <i>(Instructional Purpose of the Trip)</i>			
<b>NUMBER OF STUDENTS:</b>	<b>GRADES:</b>	<b>NUMBER OF FACULTY:</b>	<b>NUMBER OF CHAPERONES:</b>
<b>OVERNIGHT ACCOMODATIONS:</b> <i>A plan to secure or monitor students at night:</i>	<b>HOTEL NAME:</b>	<b>ADDRESS:</b>	<b>PHONE NO.:</b>
<b>TRANSPORTATION:</b>	<b>AIRLINE:</b>	<b>BUS TRIP #:</b>	<b>OTHER:</b>
<b>TRAVEL AGENCY:</b>	<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE NO.:</b>
<b>FUNDING SOURCE:</b> <i>(ex. General Operating, Activity Fund, Title I, Grant, etc.)</i>			
<b>FUNDRAISERS:</b>	<b>TYPE:</b>	<b>DATES:</b>	
<b>STUDENT PAYMENT PLAN FOR TRIP:</b>	<input type="checkbox"/> Yes                      If yes, how much per student? <input type="checkbox"/> No		
<b>TOTAL COST OF TRIP:</b>			
<b>NEAREST MEDICAL FACILITY:</b> <i>(NAME, ADDRESS, PHONE #)</i>			
<b>UNIQUE POTENTIAL HAZARDS:</b>	<b>EMERGENCY PLAN</b> 1. Plan with the school nurse                      4. Notify parent/guardian 2. Render first aid for minor emergencies                      5. Contact school (include first aid kit)                      6. Provide written notice upon return 3. Call 911		
<b>REVIEWED:</b> <i>(TRIP COORDINATOR/SPONSOR)</i>	<b>SIGNATURE:</b>		<b>DATE:</b>
<b>APPROVED:</b> <i>(PRINCIPAL)</i>	<b>SIGNATURE:</b>		<b>DATE:</b>
<b>APPROVED IN STATE:</b> <i>(ASSOCIATE SUPT./DIRECTOR)</i>	<b>SIGNATURE:</b>		<b>DATE:</b>
<b>APPROVED OUT OF STATE:</b> <i>(SUPERINTENDENT)</i>	<b>SIGNATURE:</b>		<b>DATE:</b>
<b>APPROVED OUT OF COUNTRY:</b> <i>(BOARD OF TRUSTEES)</i>	<b>SIGNATURE:</b>		<b>DATE:</b>
<b>Final Approval:</b> <i>(Superintendent or designee)</i>	<b>SIGNATURE:</b>		<b>DATE:</b>





**SCHOOL LEADERSHIP and ADMINISTRATIVE SERVICES DIVISION**

**Form B - DAY TRIPS**

Please follow Policy FMG (Local) that pertains to school-sponsored trips, excursions, and tours, and District's field trip guidelines.

\* attach a list of student names and a completed copy of the Parent Approval Release Form

\*\*sports teams or UIL groups will complete one per season and attach season schedule

Campus: \_\_\_\_\_

Date: \_\_\_\_\_

<b>DESTINATION/LOCATION:</b> <i>(Place)</i>			<b>TRIP DATE/S:</b>	
<b>CITY &amp; STATE</b>			<b>DEPARTURE TIME:</b>	
<b>GROUP TRAVELING:</b>			<b>RETURN TIME:</b>	
<b>LEARNING EXPECTATION:</b> <i>(Instructional Purpose of the Trip)</i>				
<b>NUMBER OF STUDENTS:</b>	<b>GRADES:</b>	<b>NUMBER OF FACULTY:</b>	<b>NUMBER OF CHAPERONES:</b>	
<b>FUNDING SOURCE:</b> <i>(ex. General Operating, Activity Fund, Title I, Grant, etc.)</i>				
<b>FUNDRAISERS:</b>	<b>TYPE:</b>	<b>DATES:</b>		
<b>STUDENT PAYMENT PLAN FOR TRIP:</b>	<input type="checkbox"/> Yes <span style="margin-left: 100px;">If yes, how much per student?</span> <input type="checkbox"/> No			
<b>TOTAL COST OF TRIP:</b>				
<b>NEAREST MEDICAL FACILITY:</b> <i>(NAME, ADDRESS, PHONE #)</i>				
<b>UNIQUE POTENTIAL HAZARDS:</b>	<b>EMERGENCY PLAN</b>			
	<ol style="list-style-type: none"> <li>1. Plan with the school nurse</li> <li>2. Render first aid for minor emergencies (include first aid kit)</li> <li>3. Call 911</li> <li>4. Notify parent/guardian</li> <li>5. Contact school</li> <li>6. Provide written notice upon return</li> </ol>			
<b>TRANSPORTATION:</b>	<b>AIRLINE:</b>	<b>BUS:</b> <i>(Circle one)</i>	<b>OTHER:</b>	
		Charter		
		School		
<b>REVIEWED:</b> <i>(TRIP COORDINATOR/SPONSOR)</i>	<b>SIGNATURE:</b>			<b>DATE:</b>
<b>APPROVED:</b> <i>(PRINCIPAL)</i>	<b>SIGNATURE:</b>			<b>DATE:</b>
<b>APPROVED OUT OF McALLEN OR FUNDING SOURCE ONLY:</b> <i>(ASSOCIATE SUPT/DIRECTOR)</i>	<b>SIGNATURE:</b>			<b>DATE:</b>

## Day Trip Planning Guide

{Check off as you complete}

- Submit the trip packet to campus principal for approval **two weeks** prior to scheduling the trip.
- Notify nurse about the trip in advance.
- Notify cafeteria manager about lunch requests. (Even if you are not going to request lunch bags)/special diets.
- Submit bus requests or travel forms with trip packet attached. (**must be submitted 7 days prior to event**)
- Create and submit (office clerk) a list of students **not going** on the trip and whom they are staying with (teacher in another grade).
- Send out and account for all permission slips. Take all permission slips with you in a folder.
- Do **NOT** allow for parental permission over the phone.
- Only school employees or authorized chaperones may ride the MISD bus or chartered buses.**
- Remind parents that if they are going on the field trip as chaperones—they cannot take any other children (younger siblings not enrolled in school).
- Remind parents that they may not take another child (who is enrolled in another grade level) on a field trip with a brother or a sister in another grade level.
- Account for bus driver(s) (Entry Fee and Lunch).
- Remind parents that if they wish to take their child home (in their own vehicle) from the field trip—they must fill out Parent-Providing Transportation.
- Work with Secretary/Bookkeeper on preparing checks (for entry fees, restaurants etc.) one week ahead of time.
- Account for all Special Education students in your grade level.
- Requisitions for Special Transportation buses need to be submitted for Special Education students requiring special transportation or students who are temporarily on wheel chairs or other assistive devices for mobility—unless otherwise cleared by administration.
- Buses must be back at school by 2:30 p.m., unless prior approval was granted by an administrator and it was noted/included on the permission slip.

### Chaperones:

All Classroom Teachers can serve as sponsors/chaperones for any field trip. Below is a list of individuals who qualify to be a chaperone on any of the upcoming field trips. Staff will be assigned and approved by the principal.

- a. Administration
- b. Counselors
- c. Support Staff (Literacy Coach, Special Ed. Staff, Coaches, etc.)
- d. Nurse
- e. Parents who have been checked through the Raptor system and have a signed parent statement form turned in to sponsor.

## TEACHER SPONSOR RESPONSIBILITIES FOR TRIPS

TEACHER SPONSOR RESPONSIBILITIES ARE AS FOLLOWS:

1. Secure all approvals prior to committing the district and collecting/raising funds.
2. Submit requisitions and travel forms as needed.
3. Provide appropriate adult supervision. The Campus Principal or instructional staff person/sponsor will determine the ratio of students per adult based on classroom/group needs.
4. Inform Chaperones, in writing, and prior to the trip, of their full responsibilities while on the trip, including any special instructions, necessary for a successful trip.
5. Secure Parent/Guardian permission (Parent/Guardian approval for student participation form) in writing and retain in the possession of the sponsor. Sponsors and students may be required to complete other forms if the trip is being sponsored by an organization.
6. The sponsor must be aware of students on prescribed medication and must keep and monitor the administration of the prescribed medication while on the trip. The sponsor must have signed copy of the student's physician/ parent request for administration of medicine or special procedures by school personnel, a copy of which may be obtained from the school nurse.
7. Know what to do in the event of an accident or illness while on trip. The teacher sponsor should:
  - a. Plan, with the school nurse, what to do in case of an accident or illness before leaving on the trip.
  - b. Render first aid for minor injuries, such as minor scrapes and cuts.
  - c. Call the local police department/ emergency medical service for more serious injuries. If the emergency medical service transports the student to the hospital, the sponsor of his/her adult designee must accompany the student and remain with the student until the Parent/Guardian arrives.
    - i. Notify the parent/ guardian and principal.
    - ii. Not assume hospital costs. This is the responsibility of the Parent/Guardian.
    - iii. Upon return, make a report of the accident to the Principal who will provide a copy to the school nurse and the Associate Superintendent.
8. Frequently count the number of students, such as when the group arrives and departs from each activity. Implement a buddy system for use throughout the entire trip.



Form C

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Trip Date: \_\_\_\_\_ Destination: \_\_\_\_\_

I, the undersigned parent/guardian of \_\_\_\_\_, do hereby authorize my child to participate in a field trip. I am aware the field trip requires travel inside and/or outside of the City of McAllen and I have been informed of the details regarding the field trip, including the destination(s), name(s) of adult chaperones, and time and place of departure and return. I understand that during this field trip, my child will be under the direction and general supervision of the \_\_\_\_\_ (school) and adult chaperones selected by school representatives, and that my child is subject to discipline for his/her conduct during the trip.

School Bus

Rental Car

Charter Bus

MEDICAL RELEASE

In the event my child needs medical attention during the field trip, I hereby give my permission to \_\_\_\_\_ (school) representatives for the trip to take my child to a physician, hospital, or other medical institution for treatment. I expressly authorize any and all medical treatment, which a physician determines necessary under the circumstances and understand that it may not be feasible to contact me prior to the provision of medical treatment to my child. I understand and agree that I, and/or my child's other parent(s)/legal guardian(s), am responsible for all medical expenses incurred in treating my child unless it is a UIL related injury and that the \_\_\_\_\_ (school) representatives for the field trip are not responsible for such expenses.

In addition, I authorize \_\_\_\_\_ (school) representatives for the field trip to administer/dispense the prescription and/or non-prescription medications indicated on this form to my child as appropriate. I understand that I must complete this form and provide to school representatives any medications I want administered/dispensed to my child during the field trip in order for such medications to be administered/dispensed.

(Complete form on Back)

Medical condition(s) (including allergies) that may affect student during field trip:

MEDICATIONS: List any medications that the student is to take while on the field trip, the instructions for administration of each medication, and the medical condition for which the medication is needed.

Medication	Instructions	Medical Condition

Custodial Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Custodial Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Emergency Contact (in case I cannot be reached): \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



## Forma C

Nombre del estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_

Fecha del viaje de estudios: \_\_\_\_\_ Destino: \_\_\_\_\_

Yo, \_\_\_\_\_, siendo el padre/tutor legal y cuya firma aparece debajo, autorizo por medio de este documento que mi hijo(a) participe en un viaje de estudios. Me doy por enterado de que el viaje de estudios requiere traslados dentro y/o fuera de la Ciudad de McAllen y he sido informado de los detalles del viaje de estudios, incluyendo el destino (s), el nombre (s) de los acompañantes de los estudiantes, la hora y el lugar de salida y regreso del mismo. Estoy enterado que durante este viaje de estudios, mi hijo(a) estará bajo la dirección y la supervisión general de \_\_\_\_\_ (escuela) y de los acompañantes de los estudiantes seleccionados por los representantes escolares, y que mi hijo(a) esta sujeto(a) a alineaciones de comportamiento y buena conducta durante dicho viaje.

Autobus Escolar

Coche alquilado

Autobus Charter

## AUTORIZACION PARA SERVICIOS MEDICOS

En caso que mi hijo(a) necesitara atención médica durante este viaje de estudios, yo por la presente doy mi permiso a \_\_\_\_\_ (escuela) y a los representantes de dicho viaje para trasladar a mi hijo(a) a un médico, hospital, u otra institución médica para su tratamiento. Autorizo completamente cualquier tipo de tratamiento médico que el médico determine necesario. Comprendo que tal vez no pueda ser posible localizarme antes de la aplicación del tratamiento médico a mi hijo(a). Comprendo y acuerdo que yo, y/o mi hijo(a) y otro padre (s) /tutores legales, somos responsables de todos los gastos médicos contratados durante la atención a mi hijo(a) al menos que la lesión sea adquirida durante un viaje de UIL y que \_\_\_\_\_ (escuela) y los representantes del viaje de estudio no sean responsables de dichos gastos.

Además, autorizo a los representantes de \_\_\_\_\_ (escuela) durante dicho viaje de estudios que administren/distribuyan la receta medica y/o medicinas sin receta indicadas al final de esta forma a mi hijo(a). Comprendo que debo completar esta forma y proporcionar a los representantes la información necesaria acerca de cualquier medicina que sea le vaya a administrar/distribuir a mi hijo(a) durante el viaje de estudios.

(Completar la forma al reverso)

Las condiciones médicas (inclusive alergias) que pueden afectar al estudiante durante este viaje de estudios son: \_\_\_\_\_

Medicamentos: Enliste cualquier medicina que el estudiante deba tomar durante el viaje de estudios. Favor de indicar las instrucciones a seguir con cada medicamento y de la razón médica por la cual este medicamento debe ser aplicado.

Medicina	Instrucciones	Razón Médica

Nombre del Padre/Tutor Legal: \_\_\_\_\_

Teléfono en casa: \_\_\_\_\_ Teléfono Celular: \_\_\_\_\_

Nombre del Padre/Tutor Legal: \_\_\_\_\_

Teléfono en casa: \_\_\_\_\_ Teléfono Celular: \_\_\_\_\_

Nombre de un contacto en caso de emergencia (en caso de que yo no pueda ser localizado):

\_\_\_\_\_ Números Telefónicos: \_\_\_\_\_

Nombre de la compañía de seguro medico en caso de enfermedad \_\_\_\_\_

Número de póliza: \_\_\_\_\_

Documento Fechado en el día \_\_\_\_\_ de \_\_\_\_\_, del 20\_\_\_\_\_.

Nombre del Padre/Tutor Legal (letra de molde): \_\_\_\_\_

Firma del Padre/Tutor Legal: \_\_\_\_\_



**CHAPERONE STATEMENT  
ACKNOWLEDGING RESPONSIBILITIES AND DUTIES  
FORM D**

**DISTRICT EMPLOYEE AND/OR OTHER:**

I, \_\_\_\_\_ chaperone of:

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Field Trip

\_\_\_\_\_  
Destination

\_\_\_\_\_  
Day/Dates

**Have read and understand all the responsibilities and duties as chaperone. I have accepted these responsibilities.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (*Principal, Sponsor and/or designee*)

Attach Raptor clearance  
sticker here.

Revised: 5/2023





**DECLARACIÓN DE ACOMPAÑANTE DE ESTUDIANTE(S)  
RECONOCIENDO SUS RESPONSABILIDADES Y DEBERES  
FORM D**

**EMPLEADOS DEL DISTRITO O ADULTOS ACOMPAÑANTES:**

Yo, \_\_\_\_\_acompañante de:

---

Nombre Completo

---

Viaje de Estudio

---

Destino

---

Dia/Fechas

**He leído y entiendo todas las responsabilidades y deberes como el acompañante de estudiante(s). He aceptado estas responsabilidades.**

---

Firma

---

Fecha

---

Testigo (*Director(a), Patrocinador y/o persona designada*)

Pegue la etiqueta de  
autorización de  
Raptor aquí.

Revised: 5/2023



## CHAPERONE DUTIES AND RESPONSIBILITIES

CHAPERONES SHALL BE:

DISTRICT EMPLOYEES OR

ANY OTHER ADULT APPROVED BY THE PRINCIPAL AND SPONSOR OF THE FIELD TRIP WHO MEETS THE ELIGIBILITY REQUIREMENTS TO VOLUNTEER IN THE DISTRICT BEFORE THE TRIP IS SCHEDULED FOR DEPARTURE, INCLUDING A CRIMINAL BACKGROUND CHECK. (NOTE- A 'CLEARED' CRIMINAL BACKGROUND CHECK THRU YOUR CAMPUS RAPTOR SYSTEM IS REQUIRED OF ALL SCHOOL VOLUNTEERS AND NON- EMPLOYEE CHAPERONES.

THE PRIMARY REASON FOR THE CHAPERONES IS:

- TO SUPERVISE A GROUP OF STUDENTS,
- RESPONSIBLE FOR STUDENTS,
- ARE EXPECTED TO STAY WITH THEIR ASSIGNED GROUP,
- MONITOR THEIR BEHAVIOR FOR THE ENTIRE FIELD TRIP FROM DEPARTURE TIME UNTIL THEY RETURN TO SCHOOL

CHAPERONES SHALL ADHERE TO ESTABLISHED BASIC GUIDELINES FOR DISTRICT-SPONSORED FUNCTIONS AND ADDITIONAL GUIDELINES AS MAY BE DEVELOPMENT BY THE INDIVIDUAL SCHOOL. CHAPERONES ARE RESPONSIBLE FOR ATTENDING ANY DESIGNATED INFORMATION OR PROCEDURAL MEETING PRIOR TO AND DURING THE FIELD TRIP AS ARE REQUIRED BY THE SCHOOL PRINCIPAL SPONSOR OR DESIGNEE.

CHAPERONES SHALL SIGN A FORM ACKNOWLEDGING THEIR RESPONSIBILITIES AS A CHAPERONE AND SHALL NOT BE ALLOWED TO SMOKE. USE TOBACCO PRODUCTS OF ANY TYPE, CONSUME ALCOHOLIC BEVERAGE OR ILLEGAL DRUGS OR TO BE INVOLVED IN ANY ILLEGAL OR IMMORAL ACTIVITY DURING THE TRIP.

THE CAMPUS ADMINISTRATOR OR INSTRUCTIONAL STAFF PERSON/SPONSOR WILL DETERMINE THE RATIO OF STUDENTS PER ADULT BASED ON CLASSROOM GROUP NEEDS.

REMINDE PARENTS THAT IF THEY ARE GOING ON THE FIELD TRIP AS CHAPERONES—THEY CANNOT TAKE ANY OTHER CHILDREN (YOUNGER SIBLINGS NOT ENROLLED IN SCHOOL).

REMINDE PARENTS THAT THEY MAY NOT TAKE ANOTHER CHILD (WHO IS ENROLLED IN ANOTHER GRADE LEVEL) ON A FIELD TRIP WITH A BROTHER OR A SISTER IN ANOTHER GRADE LEVEL.

Revised: 5/2023



## **DEBERES DE ACOMPAÑANTE DE ESTUDIANTE(S) Y RESPONSABILIDADES**

LOS ACOMPAÑANTES DE ESTUDIANTE(S) SERÁN:

EMPLEADOS DEL DISTRITO O

CUALQUIER OTRO ADULTO APROBADO POR EL DIRECTOR(A) Y EL PATROCINADOR DEL VIAJE DE ESTUDIOS QUE LLENE LOS REQUISITOS DE ELEGIBILIDAD DE VOLUNTARIO PARA EL DISTRITO ANTES DE QUE EL VIAJE ESTE PROGRAMADO PARA SU SALIDA, INCLUYENDO UNA REVISIÓN DE ANTECEDENTES CRIMINALES. (NOTA - SE REQUIERE UNA REVISIÓN DE ANTECEDENTES CRIMINALES 'APROBADO' SE UTILIZARÁ EL SYSTEMA RAPTOR DE LA ESCUELA, DE TODOS LOS VOLUNTARIOS ESCOLARES Y ACOMPAÑANTES DE ESTUDIANTE(S) QUE NO SEAN EMPLEADOS POR EL DISTRITO.

LA RAZÓN PRINCIPAL DE LOS ACOMPAÑANTES DE ESTUDIANTE(S) ES:

- SUPERVISAR A UN GRUPO DE ESTUDIANTES,
- RESPONSABLES DE LOS ESTUDIANTES,
- SE ESPERA QUE SE QUEDEN CON SU GRUPO ASIGNADO,
- SUPERVISEN SU COMPORTAMIENTO DURANTE TODO EL VIAJE DE ESTUDIOS A PARTIR DEL TIEMPO DE SALIDA HASTA QUE ELLOS REGRESEN A LA ESCUELA.

LOS ACOMPAÑANTES DE ESTUDIANTE(S) SE ADHERIRÁN A PAUTAS BÁSICAS ESTABLECIDAS PARA EL DISTRITO - FUNCIONES PATROCINADAS Y PAUTAS ADICIONALES COMO PUEDEN SER DESARROLLADAS POR LA ESCUELA INDIVIDUAL. LOS ACOMPAÑANTES DE ESTUDIANTE(S) SON RESPONSABLES DE ASISTIR A CUALQUIER INFORMACIÓN DESIGNADA O REUNIÓN PROCESAL ANTES DE Y DURANTE EL VIAJE DE ESTUDIOS COMO SEAN REQUERIDOS POR EL DIRECTOR(A) ESCOLAR. PATROCINADOR, O PERSONA DESIGNADA.

LOS ACOMPAÑANTES DE ESTUDIANTE(S) FIRMARÁN UNA FORMA DONDE RECONOCE SUS RESPONSABILIDADES COMO UN ACOMPAÑANTE DE ESTUDIANTE(S) Y NO SE LE PERMITIRÁ FUMAR. UTILIZAR PRODUCTOS DE TABACO DE CUALQUIER TIPO, CONSUMIR BEBIDAS ALCOHÓLICAS O DROGAS ILEGALES. O ESTAR INVOLUCRADO EN CUALQUIER ACTIVIDAD ILEGAL O INMORAL DURANTE EL VIAJE. (OBJETO EXPUESTO de FMG)

LA PROPORCIÓN DE ESTUDIANTES A ACOMPAÑANTES DE ESTUDIANTES SERÁ DETERMINADA POR EL/LA DIRECTORA.

EL ADMINISTRADOR O EL PERSONAL EDUCACIONAL PERSON/SPONSOR DEL CAMPUS DETERMINARÁ EL COCIENTE DE ESTUDIANTES POR EL ADULTO BASADO EN NECESIDADES DE CLASSROOM GROUP.

RECORDAR A LOS PADRES QUE SI SE VAN DE VIAJE DE ESTUDIOS COMO ACOMPAÑANTES DE ESTUDIANTE(S) QUE NO PUEDEN LLEVAR OTROS NIÑOS (LOS HERMANOS MENORES NO ESCOLARIZADOS).

RECORDAR A LOS PADRES QUE NO PUEDEN LLEVAR OTRO HIJO/A (QUE ESTÁ INSCRITO EN OTRO NIVEL DE GRADO) EN UN VIAJE DE ESTUDIOS CON UN HERMANO O UNA HERMANA EN OTRA NIVEL DE GRADO.

Revised: 5/2023



**McALLEN INDEPENDENT SCHOOL DISTRICT  
PARENT-PROVIDED TRANSPORTATION FORM  
FORM E**

We (I) are the parents (legal guardians) of \_\_\_\_\_, a child enrolled in the McAllen Independent School District.

We (I) hereby grant permission for the student named above to travel from \_\_\_\_\_ to \_\_\_\_\_ on date(s) \_\_\_\_\_ with (name): \_\_\_\_\_.

Each student and his/her parent or guardian agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property of, the student arising from, based upon or relating to the student's participation in the field trip. Each student and his/her parent or guardian understands and agrees that, in the event of any injury to the student, the District will not be held responsible for any decision relating to medical treatment for the student or for such treatment itself.

We (I) hereby waive, release, and discharge the McAllen Independent School District, its Trustees, officers, and employees from any claim, demand, or cause of action arising out of the transportation herein provided and agree to indemnify and save harmless the McAllen Independent School District and its employees from all claims for loss, damage, or injury sustained by us (me) or by our (my) child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if 18 years of age or over)



**DISTRITO ESCOLAR INDEPENDIENTE DE MCALLEN**

**FORMA DE TRANSPORTE PROPORCIONADA POR PADRE**

**FORM E**

Nosotros (Yo) somos los padres (guardianes legales) de \_\_\_\_\_, un niño matriculado en el Distrito Escolar Independiente de McAllen.

Nosotros (Yo) por este medio doy permiso para que el estudiante nombrado anteriormente viaje de \_\_\_\_\_ a \_\_\_\_\_ en la(s) fecha(s) \_\_\_\_\_ con (nombre): \_\_\_\_\_.

Cada estudiante y su padre o guardián están de acuerdo en asumir todo riesgo de y responsabilidad por daño personal o muerte a, o daño a o pérdida de la propiedad de, el estudiante que provenga de, basado sobre o todo lo relacionado de la participación del estudiante en el viaje de estudios. Cada estudiante y su padre o guardián entienden y están de acuerdo que, en caso de cualquier lesión al estudiante, el Distrito no será responsable de ninguna decisión relacionada con el tratamiento médico para el estudiante o por dicho tratamiento en sí mismo.

Nosotros (Yo) por este medio renunciamos, liberamos, y eximimos al Distrito Escolar Independiente de McAllen, a la mesa directiva, oficiales, y empleados de cualquier reclamo, demanda, o causa de la acción que provenga de la transportación aquí proporcionada y consentimos en indemnizar y aguardar de perjudicar al Distrito Escolar Independiente de McAllen y sus empleados de todo reclamo por perdida, daño, o lesiones contraídas por nosotros (mi) o por nuestro (mi) niño.

Firma del Padre/Guardián \_\_\_\_\_ Date \_\_\_\_\_

Firma del Estudiante \_\_\_\_\_ Date \_\_\_\_\_  
(Si tiene 18 años o más)

**McALLEN INDEPENDENT SCHOOL DISTRICT  
HOTEL LIST  
Form G**

CAMPUS \_\_\_\_\_

SPORT \_\_\_\_\_

HOTEL NAME \_\_\_\_\_

# OF NIGHTS \_\_\_\_\_

Hotel Address: \_\_\_\_\_  
\_\_\_\_\_

Hotel Phone # : \_\_\_\_\_

Estimated time of arrival: \_\_\_\_\_

Estimated time of departure: \_\_\_\_\_

Please fill this form out carefully. Note if any guests are under (17) seventeen years of age. Indicate your preference for a NONSMOKING room. If your reservation is for more rooms than space allows please photocopy the second page and continue in the same fashion. Mail your rooming list to the hotel by the required deadline.

ROOM# \_\_\_\_\_  
NAME \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROOM# \_\_\_\_\_  
NAME \_\_\_\_\_  
\_\_\_\_\_  
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ROOM# \_\_\_\_\_  
NAME \_\_\_\_\_  
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