



FIELD TRIP PROCEDURES

Field trips should reflect educational experiences aligned to relevant curriculum. All field trips should be discussed with the building principal before submission of the **online Field Trip Request**. In addition, parental permission must be obtained before students travel.

1. Using **Safari** as the browser and accessed from a computer in the district's network, click on the Field Trip link under "Employee" on the district's homepage at www.lced.net.
2. Your email user name in lower case letters is your User ID (usually first initial and last name). No password is required.
3. Complete all required fields and submit the form *at least 15 days prior* to your desired travel date.
4. Consult the school's bookkeeper regarding bus driver fees and fuel expense calculations.
5. Verify bus reservations (if applicable) with the Transportation Department (731) 635-7872 at least three (3) days prior to scheduled trip.
6. All field trips require permission forms with parental signatures. There are three sections of the permission form:
 - a. **Section A – Field Trip Permission Form** is completed for ALL field trips.
 - b. **Section B – Teacher Permission Form** is applicable to middle/junior and high school students. See form for qualifying criteria.
 - c. **Section C – Medical Treatment Permission & Parental Release Form** must be completed for any trip that involves overnight travel.
7. There must be two (2) copies of the permission form(s). One copy will be with the supervising teacher(s) on the field trip and the other copy will remain with the building principal. A compiled student list with emergency contact information may be taken on the field trip in place of a second copy of the forms.



Section A - Field Trip Permission Form

Completion of this form is required for all trips.

I, _____, do hereby give my permission for my son/daughter, _____, to attend a field trip to _____ in _____ . I understand that he/she will be traveling by _____ and will leave the school around _____ A.M. on _____ and will return around _____ P.M. on _____.

Other trips requirements or information:

I understand any misconduct will result in the same disciplinary action as if the incident occurred on school property. Also, I understand that my child is responsible for making up all work missed as a result of participating in this field trip. In case of any emergency, I may be reached at one of the telephone numbers below.

(Signature of Parent/Legal Guardian)

(Relationship to Student)

(Date)

Parent Phone # _____ Another Emergency Contact # _____

Please provide any relevant information that might be needed while your child is on the field trip:



Section B – Teacher Permission Form

This section is applicable to middle/junior and high school students.

Going on a field trip is a privilege and the students go as representatives of their high school; therefore, all students going on the field trip should be in good standing with the school. EACH TEACHER is asked to sign below to indicate that this student has acceptable conduct, passing grades, and satisfactory attendance in your class. If you cannot sign, please indicate the problem so that the sponsoring teacher and/or administration can determine the student's eligibility to participate.

	<i>Course</i>	<i>Teacher's Signature if in Good Standing</i>	<i>Date</i>	<i>Problems (if any)</i>
1				
2				
3				
4				
5				
6				

I have cleared this trip with all my teachers and have obtained my assignments that will be missed or I have made arrangements to make up my work.

(Date)

(Student's Signature)

This student is in good standing with the school and has been approved to participate in the above field trip.

School Official's Signature—

Date—



Section C - Medical Treatment Permission & Parental Release Form

Completion of Section C with parental signature is required if the trip is overnight.

I, _____, _____
(Parent or Guardian's Name) (Relation to Student)

_____, _____, _____
(Student's Name) (Age) (Student Cell Phone #)

of _____
(Complete Home Address, including Zip Code)

_____ hereby authorize in advance any necessary medical treatment
(Work Phone Number) (Home and/or Cell Number)

of _____ while he/she is absent from home _____
(Student's Name) (Dates)

In the event the parent cannot be reached, please contact:

1. Name _____ Phone _____

2. Name _____ Phone _____

Local Family Physician _____ Physician's Phone _____

Last Tetanus Toxin (Year) _____ Allergic to any medications? _____

Taking any current medications? _____

Present medical conditions? _____

Past serious illness or injury? _____

Parents'/Guardians' Insurance Company _____ (Attach a copy of insurance card)

Company Address _____ Policy No. or Group No. _____

Parent's place of employment _____

My son or daughter will be participating in _____ (event)

with _____ and _____
(Local Group/Organization Name) (Supervising Adults/Teachers)

As with all student conferences/events, there is the possibility that my son/daughter will have the opportunity to go swimming, go on sightseeing tours, shop, or participate in similar activities. I hereby give permission for my son/daughter to participate in these related activities. I am very aware that my child may not always be escorted by a chaperone, but he/she should always be with other students from our group (never alone) and only in locations approved by the teacher or supervising adult. I have read and understand all the rules and regulations my child must follow. I agree that the school officials and supervising adults have the right to send him/her home from the activity at my (the parent's) expense, provided that he/she has violated the rules or his/her conduct has become a detriment. In addition, I agree to release the Lauderdale County Schools, and the student organization (if applicable), their representatives, agents, servants, and employees from liability for any injury to said student, resulting from any cause whatsoever occurring to said child at any time while attending the _____ (event) in _____ (location). ***If this is an overnight event, I have met with my child's teacher and received copies of the trip itinerary, student conduct rules, and monetary responsibilities of the student.***

(Signature of parent or legal guardian)

(Relationship to Student)

(Date)