

7.4

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Office of Superintendent
Exhibit 6153 (b)
Page 1

Field Trips

BISHOP UNIFIED SCHOOL DISTRICT

*****OVERNIGHT TRIP*****

School HSMS 8th Grade

Emergency Medical Treatment Authorization/Parental Waiver and Hold Harmless Agreement

Dear Parent(s) or Guardian(s):

Our class is going on an instructional/athletic trip to UNR.

The class will leave on Nov 8, 2018 at 10:00 (AM/PM)

and return on Nov 9, 2018 at approximately 6:30 (AM/PM)

The students will be transported by Bus / Car. The individual needs of your child for the trip will

be: A backpack with clothes for the overnight trip
\$20 for dinner that night

.....
Please Fill in This Portion and Return to School

_____ has my permission to go on this trip. Realizing that my child will be carefully supervised by his/her teacher, I hereby release the Bishop Unified School District from any liability that might arise from the trip.

Signed (Parent or Guardian) _____

Medical Emergency: Does this student have a medical condition that may require special medication or procedures in case of an emergency? Yes _____ No _____. If "yes", please explain: _____

Paseo/Excursión

Exhibit 6153 (b)

Página 1

BISHOP UNIFIED SCHOOL DISTRICT
AUTORIZACIÓN PARA PASEO/EXCURSIÓN *PARA MÁS DE UN DÍA*****

Escuela HSMS 8th Grade

Autorización para tratamiento médico en caso de emergencia/ Cláusula de exoneración de responsabilidad

Estimado Padre(s) o Tutor(es):

Nuestra clase está yendo a un paseo Educativo/Atlético a UNR.

La clase saldrá el NOV 8, 2018 a las 10:00 (AM/PM)

Y regresará el NOV 9, 2018 aproximadamente a las 10:30 (AM/PM)

Los estudiantes serán transportados en autobús/auto. Su hijo necesitará lo siguiente para el viaje:

A backpack with clothes for the overnight trip
\$20 for dinner that night

.....
Favor de llenar esta Forma y regresarla a la escuela

_____ tiene mi permiso para ir a este paseo. Sabiendo que mi hijo estará supervisado cuidadosamente por su maestro, absuelvo a Bishop Unified School District de toda responsabilidad que pueda ocurrir e en este paseo.

Firma (Padre/Madre o Tutor) _____

Emergencia Médica: ¿Este estudiante tiene alguna condición médica que pueda requerir alguna medicina especial o procedimiento en caso de emergencia? Sí ____ No ____.

Si es "Sí", favor de explicar:

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

Student name _____ School Year _____ Grade _____

Please complete this form if you are a new student or if changes need to be made to your existing form. This form will remain on file in the main office and in effect for your student's enrollment in BUSD. This form will also be used for athletic purposes.

(I) (WE), the undersigned, parent/guardian(s) of _____, a minor, do hereby authorize, any hospital, emergency center, doctor, nurse and/or paramedic, authorization to grant treatment to my child, when accompanied by or escorted to the treating facility by a teacher, coach, teacher's aide, principal, or any member of BISHOP UNIFIED SCHOOL DISTRICT. As agent(s) for the undersigned, we authorize consent of any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

Further, should the attending physician determine after examination that life-saving surgery or other life-saving procedures may be necessary, permission is hereby extended to the above parties to grant same. Additionally, I agree to hold harmless such personnel and the Bishop Unified School District Board of Education by my action of granting said permission.

(I) (WE) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (MY) (OUR) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until the above-named minor is no longer enrolled in Bishop Unified School District unless sooner revoked in writing and delivered to said agent(s).

Parent / Legal Guardian _____
Phone: _____

Date _____
Cell Phone: _____

Parent / Legal Guardian _____
Phone: _____

Date _____
Cell Phone: _____

Birth date: _____ Date of Last Tetanus: _____ Insurance: _____

Policy # _____

Allergies: _____ Medications: _____

Other medical information: _____

* * * * *

In case of emergency and inability to notify parents/guardians, BUSD will attempt to notify:

1. Name: _____	2. Name: _____
Phone: _____	Phone: _____
Cell Phone: _____	Cell Phone: _____

AUTORIZACIÓN PARA TRATAMIENTO A MENORES

Nombre del Estudiante _____ Año Escolar _____ Grado _____

Favor de completar esta forma si es un estudiante nuevo o si es necesario realizar algún cambio en su forma existente. Esta forma permanecerá en el archivo en la oficina principal y toma efecto para la inscripción de su estudiante en BUSD. Esta forma también se usará con fines atléticos.

(YO) (NOSOTROS), los aquí firmantes, el padre(s)/tutor(es) de _____, un menor de edad, por la presente autorizo a, cualquier hospital, centro de emergencia, médico, enfermera y/o paramédico, autorización para otorgar tratamiento a mi hijo, acompañado o escoltado a la instalación médica por un maestro, entrenador, ayudante de maestro, director o cualquier miembro escolar del BISHOP UNIFIED SCHOOL DISTRICT. Como agente(s) para el abajo firmante, autorizamos el consentimiento de cualquier examen de rayos X, diagnóstico o tratamiento anestésico, médico o quirúrgico y atención hospitalaria que se considere aconsejable y debe realizarse bajo la supervisión general o especial de cualquier médico y cirujano autorizado bajo las disposiciones de la Ley de Práctica Médica del personal médico de cualquier hospital con licencia, ya sea que dicho diagnóstico o tratamiento se realice en la oficina de dicho médico o en dicho hospital.

Se entiende que esta autorización es otorgada por adelantado a cualquier diagnóstico, tratamiento o atención hospitalaria específica que se requiera, con el propósito de dar autoridad y poder al médico para realizar el tratamiento o la atención hospitalaria que se estimen convenientes en caso de una emergencia médica.

Además, si el médico tratante determina después del examen que puede ser necesaria una cirugía para salvar vida u otros procedimientos para salvar vidas, se extiende el permiso a las partes antes mencionadas para otorgar el mismo. Además, acepto eximir de responsabilidad a dicho personal y a la Mesa Directiva Educativa Bishop Unified School District por mi acción de otorgar dicho permiso.

(YO) (NOSOTROS) autorizo a cualquier hospital que haya proporcionado tratamiento al menor arriba mencionado de conformidad con las disposiciones de la Sección 25.8 del Código Civil de California a entregar la custodia física de dicho menor a (MI) (NUESTRO) agente(s) mencionado arriba hasta finalizar el tratamiento. Esta autorización se otorga de conformidad con la Sección 1283 del Código de Salud y Seguridad de California.

Esta autorización se otorga de conformidad con las disposiciones de la Sección 25.8 del Código Civil de California. Esta autorización permanecerá vigente hasta que el menor mencionado anteriormente deje de estar inscrito en Bishop Unified School District a menos que sea revocado antes por escrito y entregado a dicho(s) agente(s).

Padre /Tutor Legal
Teléfono: _____

Fecha
Celular: _____

Padre /Tutor Legal
Teléfono: _____

Fecha
Celular: _____

Fecha de nacimiento: _____ Fecha de la última vacuna contra el tétano: _____

Seguro médico: _____ Póliza # _____ Alergias: _____

Medicinas: _____

Otra información médica: _____

* * * * *

En caso de emergencia y la imposibilidad de notificar a los padres /tutor(es), BUSD intentará notificar a:

1. Nombre: _____	2. Nombre: _____
# Teléfono: _____	# Teléfono: _____
# Celular: _____	# Celular: _____

**THIS PAGE MUST BE RETURNED TO PRINCIPAL 6 WEEKS PRIOR TO
EVENT FOR BOARD APPROVAL**

Overnight (Extended) Instructional/Athletic Trip Request

1. Trip Dates Nov 8-9, 2018
2. Teacher in Charge Pat Tuomey
3. Destination UNR
4. Purpose of Trip College experience
5. Class/Group 8th Grade HSMS Number of Students 119
6. Departure Date/Time/Place Nov 8, 2018 10am HSMS Return Date/Time/Place Nov 9, 2018 6:30pm HSMS
7. Estimated Miles to Destination 205 miles one way
8. Mode of Transportation Bus & School Vans
It is agreed that students will not ride in the back of pick-up trucks, with or without campers or shells, or in motorized campers or camper vans. All vehicles must be equipped with seat belts and all occupants must be securely buckled.
9. List private drivers (license # and proof of insurance must be on file with the District Office for each driver)

10. Total cost of Trip (list detailed breakdown for travel, food, lodging, etc.) \$120 for dinner that night
11. Funding Source Inyo County Office of Education
12. Cost to each student \$20
13. Number of students attending 119 Number of teachers _____ Number of school days missed 1 1/2
14. Number of chaperones 11 Names of chaperones Pat Tuomey, Jonathan Willy, Billy Daugherty, Mark DeRochers, Ken Dutton, Meghan Fuchs, Linda Sandavol, Brenda Kiddoo, Debra McIsaac, Pam Foster, Annie Blakey, Albert Cano, Denny Smith, Stacie Adie, Matt & Tricia Schöber
15. Name, address, and phone number of hotel/motel/accommodations where trip participants will be housed overnight during the trip GSR 2500 E 2nd Reno, NV (775) 789-2000
16. List adults with current First Aid Training _____
17. All students have medical insurance? Yes or No _____
18. Any students with special medical conditions/potential medical problems? Yes or No _____
19. Miscellaneous _____

Any changes in the above information must be reported to the principal prior to departure.

Staff Signature

Date

Principal's Approval

Date

BOARD APPROVED:

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EVENT FOR BOARD APPROVAL**

Overnight (Extended) Instructional/Athletic Trip Request

1. Trip Dates _____
2. Teacher in Charge _____
3. Destination _____
4. Purpose of Trip _____
5. Class/Group _____ Number of Students _____
6. Departure Date/Time/Place _____ Return Date/Time/Place _____
7. Estimated Miles to Destination _____
8. Mode of Transportation _____
It is agreed that students will not ride in the back of pick-up trucks, with or without campers or shells, or in motorized campers or camper vans. All vehicles must be equipped with seat belts and all occupants must be securely buckled.
9. List private drivers (license # and proof of insurance must be on file with the District Office for each driver)

10. Total cost of Trip (list detailed breakdown for travel, food, lodging, etc.) _____

11. Funding Source _____
12. Cost to each student _____
13. Number of students attending _____ Number of teachers _____ Number of school days missed _____
14. Number of chaperones _____ Names of chaperones _____

15. Name, address, and phone number of hotel/motel/accommodations where trip participants will be housed overnight during the trip

16. List adults with current First Aid Training _____
17. All students have medical insurance? Yes or No
18. Any students with special medical conditions/potential medical problems? Yes or No
19. Miscellaneous _____

Any changes in the above information must be reported to the principal prior to departure.

Staff Signature _____ **Date** _____

Principal's Approval _____ **Date** _____

*Overnight

OVERNIGHT (EXTENDED) INSTRUCTIONAL/ATHLETIC TRIP

Chaperone Guidelines

**This form must be signed
and on file in Principal's
Office 24 hours before
trip!**

**Coach/Teacher-In-Charge
should return a copy to
chaperone & keep a copy.**

1. **Set behavior expectations.** Students are representing Bishop Union High School. Talk to students and receive in writing specific contracts for behavior, to include:
 - *Cooperation with adults and students on the trip at all times
 - *Compliance with ANY direction given by any chaperone on the trip
 - *Agreement to report any instance of concern the student might witness, including use of drugs or alcohol by other students, i.e. misbehavior, curfew violation, etc.
 - *Agreement to act in such a way as to positively credit Bishop Unified School District
2. **Ensure that parents are aware of expectations through signed parent consent forms and signed contract for student behavior.**
3. **Have all necessary forms with you at all times, including:**
 - *Parent/teacher Permission Form
 - *Consent to treat forms
 - *Behavior contracts
 - *Written itinerary
4. **Submit the following forms to the Principal before trip departure:**
 - *Itinerary
 - *Student Behavior Contracts
 - *List of students attending
5. **Closely monitor students during the trip. Chaperones must do the following to ensure safe travel and adherence to BUHS expectations and rules:**
 - *Inspect bags, purses, backpacks, and any other parcel being taken on the trip.
 - *Closely monitor students throughout the trip, paying particular attention to overnight accommodations.
 - *Curfew times must be strictly enforced. Boys and girls shall not mix in one another's rooms without adult supervision
 - *Room checks must be performed to ensure student compliance
 - *Whenever possible, chaperones are to be spread among student rooms
6. **Clear consequences, including parent pick up and the imposition of school discipline, must be communicated verbally and in writing to parents and students.**
7. **Chaperones must exercise a reasonable level of care in the supervision of students.**

Chaperone Name (print)

Signature

Date

VIAJE EDUCATIVO/ ATLÉTICO PARA MÁS DE UN DÍA (EXTENDIDO)

Pautas para los acompañantes voluntarios

**This form must be signed
and on file in Principal's
Office 24 hours before trip!**

**Coach/Teacher-In-Charge
should return a copy to
chaperone & keep a copy.
for their records.**

- 1. Establecer expectativas de comportamiento.** Los estudiantes representan a Bishop Union High School. Hable con los estudiantes y reciba por escrito los contratos específicos de comportamiento, que incluyen:
 - *Cooperación con adultos y estudiantes en el viaje en todo momento
 - *Cumplimiento con CUALQUIER instrucción dada por cualquier acompañante (chaperón) en el viaje
 - *Acuerdo para informar cualquier caso de preocupación que el estudiante pueda presenciar, incluido el uso de drogas o alcohol por parte de otro estudiante, por ejemplo, mala conducta, violación de horarios establecidos, etc.
 - *Acuerdo para actuar de tal manera que se acredite positivamente a Bishop Unified School District
- 2. Asegúrese de que los padres estén al tanto de las expectativas a través de los formularios de consentimiento firmados por los padres y un contrato firmado para el comportamiento del estudiante.**
- 3. Tenga todos los formularios necesarios con usted en todo momento, incluyendo:**
 - *Forma de permiso Padre/maestro
 - *Formas de Consentimiento
 - *Contrato de comportamiento
 - *Itinerario escrito
- 4. Presente los siguientes formularios al Director antes de la salida del viaje:**
 - *Itinerario
 - *Contrato del comportamiento del estudiante
 - *Lista de los estudiantes que están asistiendo
- 5. Controle de cerca a los estudiantes durante el viaje. Los chaperones deben hacer lo siguiente para garantizar un viaje seguro y de acuerdo con las expectativas y reglas de BUHS:**
 - *Inspeccione las bolsas, carteras, mochilas y cualquier otro paquete que se lleve en el viaje.
 - *Controle de cerca a los estudiantes durante el viaje, prestando especial atención a las acomodaciones nocturnas.
 - *La hora límite (curfew) debe ser estrictamente aplicado. Los hombres y mujeres no deben mezclarse en las habitaciones sin la supervisión de un adulto.
 - * Se deben realizar controles de habitación para garantizar el cumplimiento del estudiante
 - * Siempre que sea posible, los chaperones se repartirán entre las habitaciones de los estudiantes
- 6. Cuando se aplique claramente alguna consecuencia, incluyendo al padre para recoger al estudiante y la imposición de la disciplina escolar, deben comunicarse verbalmente y por escrito a los padres y estudiantes.**
- 7. Los chaperones deben ejercer un nivel razonable de cuidado en la supervisión de los estudiantes.**

Nombre del Acompañante (Letra Imprenta)

Firma

Fecha

OVERNIGHT (EXTENDED) INSTRUCTIONAL/ATHLETIC TRIP

STAFF-IN-CHARGE:
Copy and distribute to all students. Keep this form with you at all times during the trip.

Student Behavior Contract

The following CODE OF CONDUCT is in effect for the duration of the field/athletic trip. Students representing Bishop Unified School District are subject to the laws of California (or the relevant State) just as any other person and are subject to arrest, search and prosecution by the authorities. Breaking the law is neither excused nor justified by the fact that students are on a school-sponsored trip. All personal effects, including, but not limited to, bags, luggage, and brief cases are subject to search by school personnel.

1. Curfew is _____ P.M. Curfew will be rigidly enforced, with unannounced room checks. School personnel will have keys and access to student rooms at all times.
2. Boys and girls shall not visit one another's rooms without adult supervision.
3. Leaving the hotel (or other accommodation) is prohibited without adult supervision.
4. Alcohol, drugs, and tobacco are strictly prohibited. Any student found using, in possession of, or under the influence of such will be sent home immediately at parent expense. Such students will also face school discipline and a referral to law enforcement.
5. Polite behavior is expected at all times. No yelling, loud music, or disruptive behavior will be tolerated.
6. Bags, backpacks and personal belongings will be inspected.
7. Other _____

Any infraction of these rules will result in a cancellation of privileges and/or the immediate return of the student to Bishop at the expense of the student's parents. Disciplinary action will follow at the school site. Any law violation will result in law enforcement intervention.

STUDENT:

I have read the guidelines above. I understand that if I am in violation of any rules, I may be sent back to Bishop at my parents expense. I may be disciplined further at the school site. I understand that any trip deposit (\$_____) I have made is nonrefundable, and I must stay in good academic and behavioral standing at school in order to participate in this field/athletic trip.

Student Signature/Date

PARENTS:

I have read the above guidelines, and I understand that if my son/daughter is found in violation, he/she may be sent back to Bishop at my expense. I also understand that my son/daughter will not be under the direct supervision of a chaperone at all times. I understand that any trip deposits (\$_____) are non-refundable.

Parent Signature/Date

VIAJE EDUCATIVO/ ATLÉTICO PARA MÁS DE UN DÍA (EXTENDIDO)

STAFF-IN-CHARGE:
Copy and distribute to all students. Keep this form with you at all times during the trip.

Contrato de Comportamiento del Estudiante

El siguiente CÓDIGO DE CONDUCTA está vigente durante la duración del viaje Educativo/Atlético. Los estudiantes representantes de Bishop Unified School District están sujetos bajo las leyes de California (o del Estado correspondiente) al igual que cualquier otra persona y están sujetos a arresto, registro y enjuiciamiento por parte de las autoridades. No hay excusa ni justificación para incumplir la ley por el hecho de que los estudiantes están en un viaje patrocinado por la escuela. Todas las pertenencias personales, que incluyan, no limitada como, bolsos, equipaje y maletines, están sujetos a revisión por parte del personal escolar.

1. La hora límite (curfew) es _____ P.M. La hora límite se aplicará estrictamente, con controles de habitaciones no anunciados. El personal escolar tendrá las llaves y acceso a las habitaciones de los estudiantes en todo momento.
2. Hombres y mujeres no deben visitar las habitaciones entre sí, sin la supervisión de un adulto.
3. Salir del hotel (u otro alojamiento) está prohibido sin la supervisión de un adulto.
4. El alcohol, las drogas y el tabaco están estrictamente prohibidos. Cualquier estudiante que sea encontrado usando, en posesión de, o bajo la influencia de lo antes mencionado, será enviado a casa inmediatamente a expensas de los padres. Aquellos estudiantes también enfrentarán consecuencias de acuerdo a las reglas de la disciplina escolar y una referencia si da a lugar a la intervención de la ley.
5. Se espera un comportamiento correcto en todo momento. No se tolerarán gritos, música alta o comportamiento perturbador.
6. Las bolsas, mochilas y objetos personales serán inspeccionados.
7. Otro _____

Cualquier infracción a estas reglas tendrá como consecuencia la cancelación de privilegios y/o el regreso inmediato del estudiante a Bishop a expensas de los padres del estudiante. La acción disciplinaria se desarrollará en la escuela. Cualquier violación a la ley dará lugar a la intervención de la ley.

ESTUDIANTE:

He leído el contrato de la parte superior. Entiendo que si estoy en violación de alguna regla, me pueden regresar a Bishop a expensas de mis padres. Puedo tener consecuencias disciplinarias en la escuela. Yo entiendo que cualquier depósito de viaje (\$ _____) que he abonado no es reembolsable. Debo mantener buenos grados académicos y tener buen comportamiento en la escuela para poder participar en este viaje Educativo/Atlético.

Firma del Estudiante/Fecha

PADRES:

He leído el contrato de la parte superior y entiendo que si mi hijo/hija está en violación de alguna regla, él/ella puede ser regresado a Bishop a expensas mías. También entiendo que mi hijo/hija no estará bajo la supervisión directa de un chaperón en todo momento. Yo entiendo que cualquier depósito de viaje (\$ _____) no es reembolsable.

Firma del Padre/Fecha

HIGH SCHOOL *ONLY*****

Parent/Teacher Permission Form

This form must be fully
completed!
Teacher-In-Charge must
keep this form with them
at all times.

Student _____

Grade _____

Teacher _____ Class _____

Activity _____

Destination _____

Transportation: ☐ School Bus ☐ School Van ☐ Private Car

Departure Date & Time _____

Return Date & Time _____

By signature below, I hereby give consent and approval for my student to participate in the following extracurricular activity and I understand my student will be under the supervision of a high school teacher while with this group.

Parent/Guardian (Print)

Signature

Date

ADMINISTRATIVE RELEASE

Required for all activities/trips. Signatures must be obtained from Administration/Main Office Personnel.

Attendance

Behavior

Student Bill

TEACHER RELEASE

A signature is required from all periods that will be missed.

Teachers: If the student named above is performing satisfactorily (work/citizenship/attendance) in your class, please give approval for participation in the activity above. If you have any questions or concerns, please contact the teacher requesting approval. Thank you!

Period 1 _____

Period 2 _____

Period 3 _____

Period 4 _____

Period 5 _____

Period 6 _____

Period 7 _____

HIGH SCHOOL * SOLAMENTE *****

STAFF-IN-CHARGE:
Copy and distribute to all students. Keep this form with you at all times during the trip.

Forma de Permiso Padre/Maestro

Estudiante _____

Grado _____

Maestro _____ Clase _____

Actividad _____

Destino _____

Transporte: _____ Autobús escolar _____ Van escolar _____ Coche privado

Fecha y hora de salida _____

Fecha y hora de regreso _____

Al firmar a continuación, doy mi consentimiento y aprobación para que mi hijo participe en las siguientes actividades extracurriculares y entiendo que mi estudiante estará bajo la supervisión de un maestro de la preparatoria mientras este en el grupo.

Padre/Tutor (Letra Imprenta)**Firma****Fecha****PUBLICACIÓN ADMINISTRATIVA**

Requerido para todas las actividades/viajes. Las firmas deben ser obtenidas por la Administración/ Personal de la oficina principal.

_____ Asistencia
_____ Comportamiento
_____ Cuenta del estudiante

PERMISO DE LOS MAESTROS

Se requiere una firma de todos los períodos que perderá.

Maestros: Si el estudiante mencionado anteriormente se desempeña satisfactoriamente (trabajo/ ciudadanía/ asistencia) en su clase, por favor darle la aprobación para participar en la actividad mencionada. Si tiene alguna pregunta o inquietud, contáctese con el maestro que esté solicitando la aprobación. ¡Gracias!

Periodo 1 _____

Periodo 4 _____

Periodo 2 _____

Periodo 5 _____

Periodo 3 _____

Periodo 6 _____

Periodo 7 _____

IMPORTANT TO KNOW.....**OVERNIGHT (EXTENDED)
INSTRUCTIONAL/ATHLETIC TRIP****SCHOOL PHILOSOPHY**

Field trips can be a valuable adjunct to classroom instruction. Special responsibility, however, rests with the teacher or coach in charge of planning and organization. That special responsibility includes a respect for the student's total schedule and educational experience. When a field trip is scheduled during the school day, consideration must be given to the classes a student misses. While not always possible, the ideal field trip would occur after school hours or on non-school days. Administrative approval is required before scheduling any field trips.

SCHOOL PROCEDURES

Completed **FIELD TRIP REQUEST FORMS** must be submitted for approval to your Principal - **3 WEEKS IN ADVANCE**. Overnight trips require more advance planning and Board approval. (**6 WEEKS IN ADVANCE**)

The Teacher-In-Charge must do the following (EXTENDED TRIPS):

1. **Ensure that parents are aware of expectations** through a signed parent consent form and behavior contract for overnight trips.
Consider a parent meeting.
2. **Have all students get permission to miss class from teachers and main office. (HIGH SCHOOL ONLY pg. 7)**
3. **Communicate behavioral expectations:** Students are representing BUSD. Remind students of the behavior contract and those specific terms addressing overnight trips:
 - *To cooperate with adults and students on the trip at all times.
 - *To comply with ANY direction given by any chaperone on the trip.
 - *To report any instance of concern the student might witness, including use of drugs/alcohol by other students, misbehavior, curfew violation
 - *To act in such a way as to positively credit Bishop Unified School District
4. **Submit copies of all forms** to the Principal the day before the trip departure.
 - *Permission slips
 - *Consent To Treat forms
 - *Behavior Contracts
 - *Written itinerary
 - *Maps (if appropriate)
5. **Have all forms (listed above) with you at all times.**
6. **Closely monitor students during the trip.** Chaperones must do the following to ensure safe travel and adherence to BUSD expectations and rules:
 - *Inspect bags, purses, backpacks, and any other personal effects taken on the trip.
 - *Curfew times must be strictly enforced.
 - *Room checks must be performed to ensure student compliance/safety. Teacher-in-charge shall have room key.
 - *Boys and girls shall not visit in one another's rooms without adult supervision.
 - *Whenever possible, chaperones are to be spread among student rooms.
7. **Clear consequences per behavior contract** must be communicated verbally & in writing to parents and students, including parent pick up and the imposition of school discipline. Any legal infraction must be reported to local law enforcement.
8. **The teacher in charge should always know each student's whereabouts** and who his/her companions are. No student may ever be left alone or unsupervised.
9. **Upon return to BUSD campus, students must be supervised until parent pickup.**
 - *Bus/vehicle behavior
 - *Appropriate student supervision at all times

NOTE:***Inform chaperones of responsibilities and expectations:***

- *Appropriate student supervision
- *Rules and regulations
- *Awareness of student whereabouts
- *No alcohol/tobacco use at any time during the trip

Students must be in good standing:

- *Academically (teachers signature required)
- *In attendance and discipline (main office signatures required)
- *Financially (student bill must be cleared)

IMPORTANT TO KNOW.....**OVERNIGHT (EXTENDED)
INSTRUCTIONAL/ATHLETIC TRIP****SCHOOL PHILOSOPHY**

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SCHOOL PROCEDURES

Completed FIELD TRIP REQUEST FORMS must be submitted for approval to your Principal - 3 WEEKS IN ADVANCE. Overnight trips require more advance planning and Board approval. (6 WEEKS IN ADVANCE)

The Teacher-In-Charge must do the following (EXTENDED TRIPS):

1. **Ensure that parents are aware of expectations** through a signed parent consent form and behavior contract for overnight trips.
Consider a parent meeting.
2. **Have all students get permission to miss class from teachers and main office. (HIGH SCHOOL ONLY pg. 7)**
3. **Communicate behavioral expectations:** Students are representing BUSD. Remind students of the behavior contract and those specific terms addressing overnight trips:
 - *To cooperate with adults and students on the trip at all times.
 - *To comply with ANY direction given by any chaperone on the trip.
 - *To report any instance of concern the student might witness, including use of drugs/alcohol by other students, misbehavior, curfew violation
 - *To act in such a way as to positively credit Bishop Unified School District
4. **Submit copies of all forms** to the Principal the day before the trip departure.
 - *Permission slips
 - *Consent To Treat forms
 - *Behavior Contracts
 - *Written itinerary
 - *Maps (if appropriate)
5. **Have all forms (listed above) with you at all times.**
6. **Closely monitor students during the trip.** Chaperones must do the following to ensure safe travel and adherence to BUSD expectations and rules:
 - *Inspect bags, purses, backpacks, and any other personal effects taken on the trip.
 - *Curfew times must be strictly enforced.
 - *Room checks must be performed to ensure student compliance/safety. Teacher-in-charge shall have room key.
 - *Boys and girls shall not visit in one another's rooms without adult supervision.
 - *Whenever possible, chaperones are to be spread among student rooms.
7. **Clear consequences per behavior contract** must be communicated verbally & in writing to parents and students, including parent pick up and the imposition of school discipline. Any legal infraction must be reported to local law enforcement.
8. **The teacher in charge should always know each student's whereabouts** and who his/her companions are. No student may ever be left alone or unsupervised.
9. **Upon return to BUSD campus, students must be supervised until parent pickup.**
 - *Bus/vehicle behavior
 - *Appropriate student supervision at all times

NOTE:***Inform chaperones of responsibilities and expectations:***

- *Appropriate student supervision
- *Rules and regulations
- *Awareness of student whereabouts
- *No alcohol/tobacco use at any time during the trip

Students must be in good standing:

- *Academically (teachers signature required)
- *In attendance and discipline (main office signatures required)
- *Financially (student bill must be cleared)

*Overnight

LIMITATIONS

ACADEMIC: This includes field trips as an extension of classroom work. Field trips are not to be scheduled during the last two weeks of the first semester or the last month of the second semester. Any exception to the limitation must have special approval from the Principal.

ATHLETIC: Participation in the regularly scheduled and state athletic events and/or state contests (school eligible) will be permitted. Efforts will be made to avoid loss of school time, not to exceed one day per week.

CLUBS: These groups should use Saturdays and evenings for their activities to avoid loss of school time whenever possible.

EXTENDED FIELD TRIPS: If an overnight stay is required (even if in conjunction with non-school days), extra planning is necessary. Both Administrative and Board approvals must be obtained.

TRANSPORTATION

Transportation should be arranged with the Principal and the transportation department at least two weeks prior to the field trip. The director of the Transportation Department can be reached at ext 2561. If you wish to use the school vehicles, you must reserve them on the school's vehicle calendar (District Office). The reservations for the vehicles are on a first come, first served basis. **Private travel by students to any school activity is absolutely PROHIBITED**, unless arrangements for parent-driving have been made in advance. Parent drivers must submit a copy of their driver's license and insurance policy for approval. **NO participating student may drive to a school activity.**

EXCUSING STUDENTS

Field trip dates and names of students participating (in alphabetical order) will be placed in every *staff mail box one (1) week in advance of scheduled field trip, plus one copy to the attendance secretary and one copy for the daily bulletin. **THIS IS THE RESPONSIBILITY OF THE SPONSORING TEACHER.**

**NOTE: If the number of students involved is small, send a list only to those teachers involved.*

AUTHORIZATION

All field trips must be authorized and calendared by the Principal. Three weeks advance notice is required. Six weeks advanced notice if Board Approval is required. Use the FIELD TRIP REQUEST FORM.

COSTS

Due to current budget constraints, the cost of transportation shall be the responsibility of the sponsoring club or athletic group. Also, any damage/vandalism shall be the responsibility of the sponsoring club or group. Supervisors in charge of field trips should be cognizant of students who find field trips prohibitive because of the expense involved. No student should be denied an educational experience because of the expense involved or financial hardships. Appropriate arrangements should be made so that such students may be either assisted by the group or offered the opportunity to earn the money needed.

LIMITATIONS

ACADEMIC: This includes field trips as an extension of classroom work. Field trips are not to be scheduled during the last two weeks of the first semester or the last month of the second semester. Any exception to the limitation must have special approval from the Principal.

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BISHOP UNIFIED SCHOOL DISTRICT
*****OVERNIGHT TRIP*****

School BUHS

Emergency Medical Treatment Authorization/Parental Waiver and Hold Harmless Agreement

Dear Parent(s) or Guardian(s):

Our class is going on an instructional/athletic trip to Southern CA: Cal Poly, Pomona, Mt. Sac Community College & Museum of Tolerance

The class will leave on Monday Oct 29 at 7-8 (AM/PM)

and return on Tuesday Oct. 30 at approximately 6 (AM/PM)

The students will be transported by Bus / Car. The individual needs of your child for the trip will be: _____

.....
Please Fill in This Portion and Return to School

_____ has my permission to go on this trip. Realizing that my child will be carefully supervised by his/her teacher, I hereby release the Bishop Unified School District from any liability that might arise from the trip.

X Signed (Parent or Guardian) _____

Medical Emergency: Does this student have a medical condition that may require special medication or procedures in case of an emergency? Yes _____ No _____. If "yes", please explain: _____

Paseo/Excursión

Exhibit 6153 (b)
Página 1

BISHOP UNIFIED SCHOOL DISTRICT
AUTORIZACIÓN PARA PASEO/EXCURSIÓN *PARA MÁS DE UN DÍA*****

Escuela BUHS

Autorización para tratamiento médico en caso de emergencia/ Cláusula de exoneración de responsabilidad

Estimado Padre(s) o Tutor(es):

Nuestra clase está yendo a un paseo Educativo/Atlético a Sur de California

Cal Poly Pomona
Mt. Sac College
Museum of
Tolerance

La clase saldrá el Lunes 10/29 a las 7 (AM/PM)

Y regresará el Martes 10/30 aproximadamente a las 7 (AM/PM)

Los estudiantes serán transportados en autobús/auto. Su hijo necesitará lo siguiente para el viaje:

.....
Favor de llenar esta Forma y regresarla a la escuela

_____ tiene mi permiso para ir a este paseo. Sabiendo que mi hijo estará supervisado cuidadosamente por su maestro, absuelvo a Bishop Unified School District de toda responsabilidad que pueda ocurrir e en este paseo.

X Firma (Padre/Madre o Tutor) _____

Emergencia Médica: ¿Este estudiante tiene alguna condición médica que pueda requerir alguna medicina especial o procedimiento en caso de emergencia? Sí ____ No ____.

Si es "Sí", favor de explicar:

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

Student name _____ School Year 18-19 Grade 10

Please complete this form if you are a new student or if changes need to be made to your existing form. This form will remain on file in the main office and in effect for your student's enrollment in BUSD. This form will also be used for athletic purposes.

(I) (WE), the undersigned, parent/guardian(s) of _____, a minor, do hereby authorize, any hospital, emergency center, doctor, nurse and/or paramedic, authorization to grant treatment to my child, when accompanied by or escorted to the treating facility by a teacher, coach, teacher's aide, principal, or any member of BISHOP UNIFIED SCHOOL DISTRICT. As agent(s) for the undersigned, we authorize consent of any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

Further, should the attending physician determine after examination that life-saving surgery or other life-saving procedures may be necessary, permission is hereby extended to the above parties to grant same. Additionally, I agree to hold harmless such personnel and the Bishop Unified School District Board of Education by my action of granting said permission.

(I) (WE) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (MY) (OUR) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until the above-named minor is no longer enrolled in Bishop Unified School District unless sooner revoked in writing and delivered to said agent(s).

Parent / Legal Guardian _____ Date _____
Phone: _____ Cell Phone: _____

Parent / Legal Guardian _____ Date _____
Phone: _____ Cell Phone: _____

Birth date: _____ Date of Last Tetanus: _____ Insurance: _____
Policy # _____

Allergies: _____ Medications: _____

Other medical information: _____

In case of emergency and inability to notify parents/guardians, BUSD will attempt to notify:

1. Name: _____ 2. Name: _____
Phone _____ Phone: _____
Cell Phone: _____ Cell Phone: _____

AUTORIZACIÓN PARA TRATAMIENTO A MENORESNombre del Estudiante _____ Año Escolar 18-19 Grado 10

Favor de completar esta forma si es un estudiante nuevo o si es necesario realizar algún cambio en su forma existente. Esta forma permanecerá en el archivo en la oficina principal y toma efecto para la inscripción de su estudiante en BUSD. Esta forma también se usará con fines atléticos.

(YO) (NOSOTROS), los aquí firmantes, el padre(s)/tutor(es) de _____, un menor de edad, por la presente autorizo a, cualquier hospital, centro de emergencia, médico, enfermera y/o paramédico, autorización para otorgar tratamiento a mi hijo, acompañado o escoltado a la instalación médica por un maestro, entrenador, ayudante de maestro, director o cualquier miembro escolar del BISHOP UNIFIED SCHOOL DISTRICT. Como agente(s) para el abajo firmante, autorizamos el consentimiento de cualquier examen de rayos X, diagnóstico o tratamiento anestésico, médico o quirúrgico y atención hospitalaria que se considere aconsejable y debe realizarse bajo la supervisión general o especial de cualquier médico y cirujano autorizado bajo las disposiciones de la Ley de Práctica Médica del personal médico de cualquier hospital con licencia, ya sea que dicho diagnóstico o tratamiento se realice en la oficina de dicho médico o en dicho hospital.

Se entiende que esta autorización es otorgada por adelantado a cualquier diagnóstico, tratamiento o atención hospitalaria específica que se requiera, con el propósito de dar autoridad y poder al médico para realizar el tratamiento o la atención hospitalaria que se estimen convenientes en caso de una emergencia médica.

Además, si el médico tratante determina después del examen que puede ser necesaria una cirugía para salvar vida u otros procedimientos para salvar vidas, se extiende el permiso a las partes antes mencionadas para otorgar el mismo. Además, acepto eximir de responsabilidad a dicho personal y a la Mesa Directiva Educativa Bishop Unified School District por mi acción de otorgar dicho permiso.

(YO) (NOSOTROS) autorizo a cualquier hospital que haya proporcionado tratamiento al menor arriba mencionado de conformidad con las disposiciones de la Sección 25.8 del Código Civil de California a entregar la custodia física de dicho menor a (MI) (NUESTRO) agente(s) mencionado arriba hasta finalizar el tratamiento. Esta autorización se otorga de conformidad con la Sección 1283 del Código de Salud y Seguridad de California.

Esta autorización se otorga de conformidad con las disposiciones de la Sección 25.8 del Código Civil de California. Esta autorización permanecerá vigente hasta que el menor mencionado anteriormente deje de estar inscrito en Bishop Unified School District a menos que sea revocado antes por escrito y entregado a dicho(s) agente(s).

Padre /Tutor Legal
Teléfono: _____

Fecha
Celular: _____

Padre /Tutor Legal
Teléfono: _____

Fecha
Celular: _____

Fecha de nacimiento: _____ Fecha de la última vacuna contra el tétano: _____
Seguro médico: _____ Póliza # _____ Alergias: _____
Medicinas: _____
Otra información médica: _____

* * * * *

En caso de emergencia y la imposibilidad de notificar a los padres /tutor(es), BUSD intentará notificar a:

1. Nombre: _____ 2. Nombre: _____
Teléfono: _____ # Teléfono: _____
Celular: _____ # Celular: _____

THIS PAGE MUST BE RETURNED TO PRINCIPAL 6 WEEKS PRIOR TO
EVENT FOR BOARD APPROVAL

Overnight (Extended) Instructional/Athletic Trip Request

1. Trip Dates October 29-30, 2018
2. Teacher in Charge Mr Cook
3. Destination Southern CA: Cal Poly Pomona, Mt Sac Community College, Museum of Tolerance
4. Purpose of Trip College Visits & Museum
5. Class/Group Class of 2021 Number of Students 160
6. Departure Date/Time/Place 10/29/18 7-8am Return Date/Time/Place 10/30/18; 7pm, BUHS
7. Estimated Miles to Destination 270 miles
8. Mode of Transportation District Busses
It is agreed that students will not ride in the back of pick-up trucks, with or without campers or shells, or in motorized campers or camper vans. All vehicles must be equipped with seat belts and all occupants must be securely buckled.
9. List private drivers (license # and proof of insurance must be on file with the District Office for each driver)

10. Total cost of Trip (list detailed breakdown for travel, food, lodging, etc.) per student: meals \$20, lodging \$30.00
Museum Entry \$11.00
11. Funding Source ICSOS ~ Tiffany Randall
12. Cost to each student 0
13. Number of students attending 160 Number of teachers 8-10 Number of school days missed 2
14. Number of chaperones 14-16 Names of chaperones Cook, Kalk, Stout, Andersen, K Holland,
C. Quintana, etc.
15. Name, address, and phone number of hotel/motel/accommodations where trip participants will be housed overnight during the trip
Kellogg West Conference Center & Hotel
Cal Poly Pomona
(800) 593-7876 3801 W. Temple Ave Pomona CA 91768
16. List adults with current First Aid Training _____
17. All students have medical insurance? Yes or No
18. Any students with special medical conditions/potential medical problems? Yes or No
list to be provided by Health Clerk
19. Miscellaneous _____

Any changes in the above information must be reported to the principal prior to departure.

Staff Signature Sara Andersen Date 9-19-18
Principal's Approval [Signature] Date 9/18/18
BOARD APPROVED: _____

OVERNIGHT (EXTENDED) INSTRUCTIONAL/ATHLETIC TRIP

Chaperone Guidelines

This form must be signed
and on file in Principal's
Office 24 hours before
trip!

Coach/Teacher-In-Charge
should return a copy to
chaperone & keep a copy.

1. **Set behavior expectations.** Students are representing Bishop Union High School. Talk to students and receive in writing specific contracts for behavior, to include:
 - *Cooperation with adults and students on the trip at all times
 - *Compliance with ANY direction given by any chaperone on the trip
 - *Agreement to report any instance of concern the student might witness, including use of drugs or alcohol by other students, i.e. misbehavior, curfew violation, etc.
 - *Agreement to act in such a way as to positively credit Bishop Unified School District
2. **Ensure that parents are aware of expectations through signed parent consent forms and signed contract for student behavior.**
3. **Have all necessary forms with you at all times, including:**
 - *Parent/teacher Permission Form
 - *Consent to treat forms
 - *Behavior contracts
 - *Written itinerary
4. **Submit the following forms to the Principal before trip departure:**
 - *Itinerary
 - *Student Behavior Contracts
 - *List of students attending
5. **Closely monitor students during the trip. Chaperones must do the following to ensure safe travel and adherence to BUHS expectations and rules:**
 - *Inspect bags, purses, backpacks, and any other parcel being taken on the trip.
 - *Closely monitor students throughout the trip, paying particular attention to overnight accommodations.
 - *Curfew times must be strictly enforced. Boys and girls shall not mix in one another's rooms without adult supervision
 - *Room checks must be performed to ensure student compliance
 - *Whenever possible, chaperones are to be spread among student rooms
6. **Clear consequences, including parent pick up and the imposition of school discipline, must be communicated verbally and in writing to parents and students.**
7. **Chaperones must exercise a reasonable level of care in the supervision of students.**

Chaperone Name (print)

Signature

Date

OVERNIGHT (EXTENDED) INSTRUCTIONAL/ATHLETIC TRIP

STAFF-IN-CHARGE:
Copy and distribute to all
students. Keep this form
with you at all times during
the trip.

Student Behavior Contract

The following CODE OF CONDUCT is in effect for the duration of the field/athletic trip. Students representing Bishop Unified School District are subject to the laws of California (or the relevant State) just as any other person and are subject to arrest, search and prosecution by the authorities. Breaking the law is neither excused nor justified by the fact that students are on a school-sponsored trip. All personal effects, including, but not limited to, bags, luggage, and brief cases are subject to search by school personnel.

1. Curfew is 10:30 P.M. Curfew will be rigidly enforced, with unannounced room checks. School personnel will have keys and access to student rooms at all times.
2. Boys and girls shall not visit one another's rooms without adult supervision.
3. Leaving the hotel (or other accommodation) is prohibited without adult supervision.
4. Alcohol, drugs, and tobacco are strictly prohibited. Any student found using, in possession of, or under the influence of such will be sent home immediately at parent expense. Such students will also face school discipline and a referral to law enforcement.
5. Polite behavior is expected at all times. No yelling, loud music, or disruptive behavior will be tolerated.
6. Bags, backpacks and personal belongings will be inspected.
7. Other _____

Any infraction of these rules will result in a cancellation of privileges and/or the immediate return of the student to Bishop at the expense of the student's parents. Disciplinary action will follow at the school site. Any law violation will result in law enforcement intervention.

STUDENT:

I have read the guidelines above. I understand that if I am in violation of any rules, I may be sent back to Bishop at my parents expense. I may be disciplined further at the school site. I understand that any trip deposit (\$_____) I have made is nonrefundable, and I must stay in good academic and behavioral standing at school in order to participate in this field/athletic trip.

Student Signature/Date

PARENTS:

I have read the above guidelines, and I understand that if my son/daughter is found in violation, he/she may be sent back to Bishop at my expense. I also understand that my son/daughter will not be under the direct supervision of a chaperone at all times. I understand that any trip deposits (\$_____) are non-refundable.

Parent Signature/Date

VIAJE EDUCATIVO/ ATLÉTICO PARA MÁS DE UN DÍA (EXTENDIDO)

STAFF-IN-CHARGE:
Copy and distribute to all
students. Keep this form
with you at all times during
the trip.

Contrato de Comportamiento del Estudiante

El siguiente CÓDIGO DE CONDUCTA está vigente durante la duración del viaje Educativo/Atlético. Los estudiantes representantes de Bishop Unified School District están sujetos bajo las leyes de California (o del Estado correspondiente) al igual que cualquier otra persona y están sujetos a arresto, registro y enjuiciamiento por parte de las autoridades. No hay excusa ni justificación para incumplir la ley por el hecho de que los estudiantes están en un viaje patrocinado por la escuela. Todas las pertenencias personales, que incluyan, no limitada como, bolsos, equipaje y maletines, están sujetos a revisión por parte del personal escolar.

1. La hora límite (curfew) es 10:30 P.M. La hora límite se aplicará estrictamente, con controles de habitaciones no anunciados. El personal escolar tendrá las llaves y acceso a las habitaciones de los estudiantes en todo momento.
2. Hombres y mujeres no deben visitar las habitaciones entre sí, sin la supervisión de un adulto.
3. Salir del hotel (u otro alojamiento) está prohibido sin la supervisión de un adulto.
4. El alcohol, las drogas y el tabaco están estrictamente prohibidos. Cualquier estudiante que sea encontrado usando, en posesión de, o bajo la influencia de lo antes mencionado, será enviado a casa inmediatamente a expensas de los padres. Aquellos estudiantes también enfrentarán consecuencias de acuerdo a las reglas de la disciplina escolar y una referencia si da a lugar a la intervención de la ley.
5. Se espera un comportamiento correcto en todo momento. No se tolerarán gritos, música alta o comportamiento perturbador.
6. Las bolsas, mochilas y objetos personales serán inspeccionados.
7. Otro _____

Cualquier infracción a estas reglas tendrá como consecuencia la cancelación de privilegios y/o el regreso inmediato del estudiante a Bishop a expensas de los padres del estudiante. La acción disciplinaria se desarrollará en la escuela. Cualquier violación a la ley dará lugar a la intervención de la ley.

ESTUDIANTE:

He leído el contrato de la parte superior. Entiendo que si estoy en violación de alguna regla, me pueden regresar a Bishop a expensas de mis padres. Puedo tener consecuencias disciplinarias en la escuela. Yo entiendo que cualquier depósito de viaje (\$ _____) que he abonado no es reembolsable. Debo mantener buenos grados académicos y tener buen comportamiento en la escuela para poder participar en este viaje Educativo/Atlético.

Firma del Estudiante/Fecha

PADRES:

He leído el contrato de la parte superior y entiendo que si mi hijo/hija está en violación de alguna regla, él/ella puede ser regresado a Bishop a expensas mías. También entiendo que mi hijo/hija no estará bajo la supervisión directa de un chaperón en todo momento. Yo entiendo que cualquier depósito de viaje (\$ _____) no es reembolsable.

Firma del Padre/Fecha

HIGH SCHOOL * SOLAMENTE *****

STAFF-IN-CHARGE:
Copy and distribute to all
students. Keep this form
with you at all times during
the trip.

Forma de Permiso Padre/Maestro

Estudiante _____

Grado 10Maestro Mr. Cook Clase Class of 2021Actividad Viaje universitarioDestino Cal Poly Pomona, Mt Sac Community College & Museum of ToleranceTransporte: ☒ Autobús escolar ☐ Van escolar ☐ Coche privadoFecha y hora de salida 29 Octubre, Lunes 7:00 amFecha y hora de regreso 30 Octubre, Martes 7:00 pm

Al firmar a continuación, doy mi consentimiento y aprobación para que mi hijo participe en las siguientes actividades extracurriculares y entiendo que mi estudiante estará bajo la supervisión de un maestro de la preparatoria mientras este en el grupo.

Padre/Tutor (Letra Imprenta)**Firma****Fecha****PUBLICACIÓN ADMINISTRATIVA**

Requerido para todas las actividades/viajes. Las firmas deben ser obtenidas por la Administración/ Personal de la oficina principal.

☐ Asistencia
☐ Comportamiento
☐ Cuenta del estudiante

PERMISO DE LOS MAESTROS

Se requiere una firma de todos los períodos que perderá.

Maestros: Si el estudiante mencionado anteriormente se desempeña satisfactoriamente (trabajo/ ciudadanía/ asistencia) en su clase, por favor darle la aprobación para participar en la actividad mencionada. Si tiene alguna pregunta o inquietud, contáctese con el maestro que esté solicitando la aprobación. ¡Gracias!

Periodo 1 _____

Periodo 2 _____

Periodo 3 _____

Periodo 4 _____

Periodo 5 _____

Periodo 6 _____

Periodo 7 _____

HIGH SCHOOL *ONLY*****

Parent/Teacher Permission Form

This form must be fully completed!
Teacher-In-Charge must keep this form with them at all times.

Student _____

Grade 10

Teacher Mr Cook Class Class of 2021

Activity College Tours (2) + Museum of Tolerance

Destination Cal Poly Pomona, Mt. Sac Community College : Museum

Transportation: ☒ School Bus ☐ School Van ☐ Private Car

Departure Date & Time October 29th, Monday 7:00 am

Return Date & Time October 30th, Tuesday 7:00 pm

By signature below, I hereby give consent and approval for my student to participate in the following extracurricular activity and I understand my student will be under the supervision of a high school teacher while with this group.

Parent/Guardian (Print) _____

Signature _____

Date _____

ADMINISTRATIVE RELEASE

Required for all activities/trips. Signatures must be obtained from Administration/Main Office Personnel.

☒ Attendance
☒ Behavior
☒ Student Bill

TEACHER RELEASE

A signature is required from all periods that will be missed.

Teachers: If the student named above is performing satisfactorily (work/citizenship/attendance) in your class, please give approval for participation in the activity above. If you have any questions or concerns, please contact the teacher requesting approval. Thank you!

Period 1 _____
Period 2 _____
Period 3 _____

Period 4 _____
Period 5 _____
Period 6 _____
Period 7 _____

IMPORTANT TO KNOW.....**OVERNIGHT (EXTENDED)
INSTRUCTIONAL/ATHLETIC TRIP****SCHOOL PHILOSOPHY**

Field trips can be a valuable adjunct to classroom instruction. Special responsibility, however, rests with the teacher or coach in charge of planning and organization. That special responsibility includes a respect for the student's total schedule and educational experience. When a field trip is scheduled during the school day, consideration must be given to the classes a student misses. While not always possible, the ideal field trip would occur after school hours or on non-school days. Administrative approval is required before scheduling any field trips.

SCHOOL PROCEDURES

Completed FIELD TRIP REQUEST FORMS must be submitted for approval to your Principal - 3 WEEKS IN ADVANCE. Overnight trips require more advance planning and Board approval. (6 WEEKS IN ADVANCE)

The Teacher-In-Charge must do the following (EXTENDED TRIPS):

1. **Ensure that parents are aware of expectations** through a signed parent consent form and behavior contract for overnight trips.
Consider a parent meeting.
2. **Have all students get permission to miss class from teachers and main office. (HIGH SCHOOL ONLY pg. 7)**
3. **Communicate behavioral expectations:** Students are representing BUSD. Remind students of the behavior contract and those specific terms addressing overnight trips:
 - *To cooperate with adults and students on the trip at all times.
 - *To comply with ANY direction given by any chaperone on the trip.
 - *To report any instance of concern the student might witness, including use of drugs/alcohol by other students, misbehavior, curfew violation
 - *To act in such a way as to positively credit Bishop Unified School District
4. **Submit copies of all forms** to the Principal the day before the trip departure.
 - *Permission slips
 - *Consent To Treat forms
 - *Behavior Contracts
 - *Written itinerary
 - *Maps (if appropriate)
5. **Have all forms (listed above) with you at all times.**
6. **Closely monitor students during the trip.** Chaperones must do the following to ensure safe travel and adherence to BUSD expectations and rules:
 - *Inspect bags, purses, backpacks, and any other personal effects taken on the trip.
 - *Curfew times must be strictly enforced.
 - *Room checks must be performed to ensure student compliance/safety. Teacher-in-charge shall have room key.
 - *Boys and girls shall not visit in one another's rooms without adult supervision.
 - *Whenever possible, chaperones are to be spread among student rooms.
7. **Clear consequences per behavior contract** must be communicated verbally & in writing to parents and students, including parent pick up and the imposition of school discipline. Any legal infraction must be reported to local law enforcement.
8. **The teacher in charge should always know each student's whereabouts** and who his/her companions are. No student may ever be left alone or unsupervised.
9. **Upon return to BUSD campus, students must be supervised until parent pickup.**
 - *Bus/vehicle behavior
 - *Appropriate student supervision at all times

NOTE:***Inform chaperones of responsibilities and expectations:***

- *Appropriate student supervision
- *Rules and regulations
- *Awareness of student whereabouts
- *No alcohol/tobacco use at any time during the trip

Students must be in good standing:

- *Academically (teachers signature required)
- *In attendance and discipline (main office signatures required)
- *Financially (student bill must be cleared)

LIMITATIONS

ACADEMIC: This includes field trips as an extension of classroom work. Field trips are not to be scheduled during the last two weeks of the first semester or the last month of the second semester. Any exception to the limitation must have special approval from the Principal.

ATHLETIC: Participation in the regularly scheduled and state athletic events and/or state contests (school eligible) will be permitted. Efforts will be made to avoid loss of school time, not to exceed one day per week.

CLUBS: These groups should use Saturdays and evenings for their activities to avoid loss of school time whenever possible.

EXTENDED FIELD TRIPS: If an overnight stay is required (even if in conjunction with non-school days), extra planning is necessary. Both Administrative and Board approvals must be obtained.

TRANSPORTATION

Transportation should be arranged with the Principal and the transportation department at least two weeks prior to the field trip. The director of the Transportation Department can be reached at ext 2561. If you wish to use the school vehicles, you must reserve them on the school's vehicle calendar (District Office). The reservations for the vehicles are on a first come, first served basis. **Private travel by students to any school activity is absolutely PROHIBITED**, unless arrangements for parent-driving have been made in advance. Parent drivers must submit a copy of their driver's license and insurance policy for approval. **NO participating student may drive to a school activity.**

EXCUSING STUDENTS

Field trip dates and names of students participating (in alphabetical order) will be placed in every *staff mail box one (1) week in advance of scheduled field trip, plus one copy to the attendance secretary and one copy for the daily bulletin. **THIS IS THE RESPONSIBILITY OF THE SPONSORING TEACHER.**

**NOTE: If the number of students involved is small, send a list only to those teachers involved.*

AUTHORIZATION

All field trips must be authorized and calendared by the Principal. Three weeks advance notice is required. Six weeks advanced notice if Board Approval is required. Use the FIELD TRIP REQUEST FORM.

COSTS

Due to current budget constraints, the cost of transportation shall be the responsibility of the sponsoring club or athletic group. Also, any damage/vandalism shall be the responsibility of the sponsoring club or group. Supervisors in charge of field trips should be cognizant of students who find field trips prohibitive because of the expense involved. No student should be denied an educational experience because of the expense involved or financial hardships. Appropriate arrangements should be made so that such students may be either assisted by the group or offered the opportunity to earn the money needed.

THIS PAGE MUST BE RETURNED TO PRINCIPAL 6 WEEKS PRIOR TO
EVENT FOR BOARD APPROVAL

Overnight (Extended) Instructional/Athletic Trip Request

1. Trip Dates 10/1 - 10/2, 2018
2. Teacher in Charge Annette Holland
3. Destination Los Angeles / Santa Monica, CA
4. Purpose of Trip College Tour & Museum Exhibition
5. Class/Group Advanced Fashion Students Number of Students 11
6. Departure Date/Time/Place 10/1/10:00AM / BUHS Return Date/Time/Place 10/2/9:30PM / BUHS
7. Estimated Miles to Destination 270
8. Mode of Transportation School Van / private car
It is agreed that students will not ride in the back of pick-up trucks, with or without campers or shells, or in motorized campers or camper vans. All vehicles must be equipped with seat belts and all occupants must be securely buckled.
9. List private drivers (license # and proof of insurance must be on file with the District Office for each driver)
Annette Holland
Lily Fregoso
10. Total cost of Trip (list detailed breakdown for travel, food, lodging, etc.) Travel: \$648.00 Lodging: \$936.00
Food: \$50.00 Parking: \$100.00
11. Funding Source Fashion Club & individual students
12. Cost to each student \$50.00 to club and \$50.00 meals
13. Number of students attending 11 Number of teachers 1 Number of school days missed 1.60
14. Number of chaperones 3 Names of chaperones Annette Holland,
Lily Fregoso, Amelia Oldenburg
15. Name, address, and phone number of hotel/motel/accommodations where trip participants will be housed overnight during the trip
Comfort Inn Santa Monica
2815 Santa Monica Blvd. 310.828.5517
Santa Monica, CA 90404
16. List adults with current First Aid Training Annette Holland
17. All students have medical insurance? Yes or No Yes
18. Any students with special medical conditions/potential medical problems? Yes or No No
19. Miscellaneous _____

Any changes in the above information must be reported to the principal prior to departure.

Staff Signature

Date

Principal's Approval

Date

BOARD APPROVED:

Verbal 9/19/18
Official 10/18/18

Bishop Union High School
Advanced Fashion Design Class
October 1 & 2, 2018
Itinerary

Monday, October 1

10:00 Am	BUHS parking lot - load vans and depart Pack your Lunch!
3:00 PM	F and S Fine Designer Fabrics 10629 West Pico Blvd (Corner of Pico & Manning) Los Angeles, CA 90064
5:00 - 6:00 PM	Arrive Santa Monica, Hotel Check-in
7:00 PM	Santa Monica Pier, Third street Promenade, Dinner
9:30 PM	Return to Hotel
10:00 PM	Curfew - Bed Check

Tuesday, October 2

8:30 AM	Breakfast at Hotel, Load Vans
9:00 AM	Depart Hotel
9:30 AM	Santa Monica College - Tour
11:00 AM	Depart College, travel to Getty Center
11:30 - 12:30 PM	Exhibit: ICONS OF STYLE: A CENTURY OF FASHION PHOTOGRAPHY, 1911-2011
12:30 - 2:30 PM	Lunch and explore The Getty
3:00 PM	Depart The Getty Center
9:30 PM	Arrive BUHS Parking Lot Dinner en route

Hotel: Comfort Inn Santa Monica
 2815 Santa Monica Blvd.
 Santa Monica, CA 90404
 Phone: 310.828.5517

Mrs. Holland's Cell Phone: 760.920.2095

**Los Angeles/Santa Monica
Advanced Fashion Trip
October 1 & 2, 2018**

DUE FRIDAY 9/21 LUNCH:

1. Trip Cost per student: \$50.00, Make checks payable to BUHS Fashion Club
2. Pink and Green permission forms, signed and completed

What to Bring

- Copy of Itinerary
- Packing:
 - Dress in layers
 - Good walking shoes
 - Light jacket or sweater
 - Comfortable, but professional clothes
 - Check www.weather.com
- One (1) Small suitcase/bag per/person
 - Each traveler is responsible for handling your OWN luggage
 - Small backpack or bag for snacks, sunscreen, water, etc.
- **Please do not bring unnecessary valuables!**
- Money – Cash or debit card
 - For 2 dinners, 1 lunch, snacks
 - Souvenirs
 - Fabric for your next project

Other Important Information

- Be aware of your surroundings
- Stay with the group or with your buddy
- Mrs. Holland's cell # 760-920-2095
- Be On Time!
- Curfew is 10:30 pm. Students not allowed to leave room after 10:30 pm.
- Keep a good attitude, be polite, and let's have fun ☺!

Explore Before you Go:

http://www.getty.edu/art/exhibitions/fashion_photography/

<http://www.getty.edu/visit/exhibitions/>

<https://www.choicehotels.com/california/santa-monica/comfort-inn-hotels/ca430?source=gyxt>

<http://www.smc.edu/Pages/Home.aspx>

<http://www.smc.edu/AcademicAffairs/Workforce/Pages/CTEProgram.aspx>

Overnight Athletic Travel Requests BUHS Athletic Events

Please check appropriate season:

 FALL X WINTER SPRING SUMMER

Team/ Group Boys Basketball Coach Robert Chavez

Date/Month	Event/Tournament	Destination	Transport	# of students	Notations
11/29-12/2	Serpent Classic	Hawthorne, NV	school vans	16	
12/14	staying after league game	Bakersfield, CA	school vans	16	
	to participate in McFarland				
	Tourney				

Coach's signature _____ Date: _____

AD's signature [Signature] Date: 9/24/18

Principal's signature [Signature] Date: 9/28/18

Submitted to Board of Education for approval: _____ Date: _____

Approved _____ Approved with Modifications _____

Modifications _____

Overnight Athletic Travel Requests BUHS Athletic Events

Please check appropriate season:

 FALL X WINTER SPRING SUMMER

Team/ Group Girls Basketball Coach Ben Arcularius

Date/Month	Event/Tournament	Destination	Transport	# of students	Notations
11/29/18- 12/1/18	Serpent Classic	Hawthorne NV	school vans	12	
12/6-8/18	Wh: Hell Tourney	South Tahoe, NV	school vans	12	
12/27-29/18	Tourney	Arvin, CA	school vans	12	

Coach's signature _____ Date: _____

AD's signature [Signature] Date: 9/24/18

Principal's signature [Signature] Date: 9/24/18

Submitted to Board of Education for approval: _____ Date: _____

Approved _____ Approved with Modifications _____

Modifications _____

Overnight Athletic Travel Requests BUHS Athletic Events

Please check appropriate season:

___FALL XWINTER ___SPRING ___SUMMER

Team/ Group Girls Soccer Coach Bryan Winzenread

Date/Month	Event/Tournament	Destination	Transport	# of students	Notations
12/7-8/18	South Tourney	Bakersfield, CA	school vans	18	
12/14-15/18	Garces Tourney	Bakersfield, CA	school vans	18	

Coach's signature _____ Date: _____

AD's signature [Signature] Date: 9/24/18

Principal's signature [Signature] Date: 9/20/18

Submitted to Board of Education for approval: _____ Date: _____

Approved _____ Approved with Modifications _____

Modifications _____

Overnight Athletic Travel Requests BUHS Athletic Events

Please check appropriate season:

___FALL X WINTER ___SPRING ___SUMMER

Team/ Group Boys Soccer Coach Jeff Gabriel

Date/Month	Event/Tournament	Destination	Transport	# of students	Notations
12/7-8/18	South Tourney	Bakersfield, CA	school vans	18	
12/14-15/18	Garces Tourney	Bakersfield, CA	school vans	18	

Coach's signature _____ Date: _____

AD's signature [Signature] Date: 9/24/18

Principal's signature [Signature] Date: 9/24/18

Submitted to Board of Education for approval: _____ Date: _____

Approved _____ Approved with Modifications _____

Modifications _____

Overnight Athletic Travel Requests BUHS Athletic Events

Please check appropriate season:

 FALL

 X WINTER

 SPRING SUMMER

Team/ Group Wrestling Coach Mark Hedges

Date/Month	Event/Tournament	Destination	Transport	# of students	Notations
12/7/18	Coyote Classic	Bakersfield, CA	private	2	
12/15/18	Mann Classic	Huntington Beach, CA	private	2	
12/21/18	Raul Herta	Morena Valley, CA	private	2	
12/28/18	The Bash	Santa Maria, CA	private	10	

Coach's signature _____ Date: _____

AD's signature [Signature] Date: 10/4/18

Principal's signature [Signature] Date: 10/4/18

Submitted to Board of Education for approval: _____ Date: _____

Approved _____ Approved with Modifications _____

Modifications _____

