

Field Trips

Exhibit 6153 (b)  
Page 1

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

School ~~HS~~ HSMS

**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 ARROYO H.S.

The class will leave on FEB 1<sup>ST</sup> at 9 AM (AM/PM)

and return on FEB 3<sup>RD</sup> at approximately 4 PM (AM/PM)

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

.....  
**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

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Página 1

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

**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 \_\_\_\_\_.

La clase saldrá el \_\_\_\_\_ a las \_\_\_\_\_ (AM/PM)

Y regresará el \_\_\_\_\_ aproximadamente a las \_\_\_\_\_ (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.

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:*

\_\_\_\_\_

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

**Overnight (Extended) Instructional/Athletic Trip Request**

- 1. Trip Dates FEB 1<sup>ST</sup> - 3<sup>RD</sup>
- 2. Teacher in Charge SHARL SONKE
- 3. Destination EL MONTE (ARROYO H.S.)
- 4. Purpose of Trip DRILL TEAM / COLOR GUARD TRIP / COMPETITION
- 5. Class/Group DRILL TEAM / COLOR GUARD Number of Students \_\_\_\_\_
- 6. Departure Date/Time/Place FEB 1<sup>ST</sup> Return Date/Time/Place FEB 3<sup>RD</sup>
- 7. Estimated Miles to Destination \_\_\_\_\_
- 8. Mode of Transportation 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)  
WILL BE ON FILE IN D.O.
- 10. Total cost of Trip (list detailed breakdown for travel, food, lodging, etc.) \$100 + FOOD
- 11. Funding Source STUDENTS
- 12. Cost to each student 100 + FOOD
- 13. Number of students attending 21 Number of teachers 1 Number of school days missed 1
- 14. Number of chaperones 8 Names of chaperones WILL BE ON FILE BEFORE THE TRIP
- 15. Name, address, and phone number of hotel/motel/accommodations where trip participants will be housed overnight during the trip  
EMBASSY SUITES  
2116 HUNTINGTON DR  
ARCADIA, CA. 91006
- 16. List adults with current First Aid Training SHARL SONKE
- 17. All students have medical insurance?  Yes or No
- 18. Any students with special medical conditions/potential medical problems? Yes  No
- 19. Miscellaneous \_\_\_\_\_

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

Staff Signature [Signature] Date 12/8/18  
Principal's Approval [Signature] Date 12/8/18  
BOARD APPROVED: \_\_\_\_\_

**THIS PAGE MUST BE RETURNED TO PRINCIPAL 6 WEEKS PRIOR TO  
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 \_\_\_\_\_  
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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

**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.**

## Chaperone Guidelines

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

W. J. O'Neil  
B. J. Fick

# 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 Unión 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.**

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Nombre del Acompañante (Letra Imprenta)

Firma

Fecha

# ARROYO H.S.

## ITINERARY

### FEB. 1<sup>st</sup>

STUDENTS WILL REPORT TO MPR @ 8:15AM

9:00	LOAD CARS
9:30	SONKE WILL MEET WITH PARENTS
11:00	COSO JUNCTION (Bring Lunch)
4:30	CHECK INTO HOTEL Embassy Suits (626) 445-8525
5:30	MEETING & PRACTICE IN PARKING LOT
7:00	DINNER
9:30	PARENTS MEETING
10:00	BED CHECK / LOCK-IN

### FEB. 2<sup>nd</sup>

5:30AM	WAKE-UP / HAIR & MAKE-UP
6:30	BREAKFAST
7:00	DEPART FOR ARROYO HS

### COMPETITION ALL DAY

?	AWARDS
?	DINNER (TBD)
10:00	BED CHECK/ LOCK IN

### FEB. 3<sup>rd</sup>

8:00	WAKE-UP/ BREAKFAST
9:00	LEAVE FOR HOME
11:00	GAS STOP
3:00	HOME SWEET HOME

