

Barrington Public Schools Field Trip Policy

The Barrington School Committee supports and encourages field trip activities which are a.) aligned to specific educational objectives, b.) carefully planned, and c.) impose limited or no cost upon the District or students.

Expectations of Chaperones:

All field trips must be supported by the appropriate number of chaperones based upon student age, location, duration, and field trip type. Names of chaperones will be submitted to the principal for approval with the attached field trip request form. Parent, teacher, and community chaperones may not bring additional children on the field trip, and must be dedicated solely to the supervision of students for the duration of the field trip, including overnight trips.

Types of Trips and Approval Process

Field trips with the following characteristics may be approved in writing by the building principal and Assistant Superintendent for Curriculum and Instruction:

- The round trip travel is less than 120 miles, and
- An overnight stay is not required, and
- A fundraising activity is not required.

Field trips with the following characteristics may be approved in writing by the Assistant Superintendent for Curriculum and Instruction & Superintendent of Schools or his/her designee:

- The round trip travel is more than 120 miles but less than 400 miles, and
- The trip requires one overnight stay and/or
- A fundraising activity is required for the field trip.

Field trips with any of the following characteristics must be approved by the Superintendent & School Committee:

- Involve a round trip distance of more than 400 miles.
- Require more than one overnight stay.
- Require a district subsidy.

Trips which require School Committee approval must be scheduled at least 90 days in advance unless there are special circumstances. Trips arising due to special circumstances which cannot be approved 90 days in advance may be approved by the School Committee. The availability of funds for the trip does not ensure that the trip will be approved or conducted.

The administration shall develop administrative procedures to govern field trips. Those procedures shall include a field trip approval form and a parent approval form.

Initial Approval 04/17/14

Revised First Read 7/27/2017

Second Read and Approval 8/07/2017

INSTRUCTION

PROCEDURES FOR ADMINISTERING MEDICATIONS ON OVERNIGHT FIELD TRIPS

1. An Overnight Field trip form (K-8 or 9-12) must be completed by parent or guardian at least 2 weeks before the scheduled overnight field trip. If needed, the following forms should also be completed – Parent Consent for Medication Form, Physician Order for Medication Form and appropriate care plans. These forms will be reviewed by the school nurse.
2. The student medication policy and procedure should be followed unless an exception is noted in this procedure. EXCEPTION:
 - The staff will give medication prescribed by a licensed prescriber with a Physician Order for Medication Form for overnight field trips as long as the Parent Consent for Medication Form is completed and the medication comes in the original container with the pharmacy label clearly stating administering instructions.
 - Students may carry and self-administer Epinephrine Pen and Inhalers. The Parent Consent for Medication and Physician Order for Medication Form must be completed.
 - Students need to be instructed that they cannot share medications.
 - Medications which students may not carry and self-administer are, but not limited to narcotics, antidepressants, ADHD medications, and any over the counter medication.
 - Over the counter medication may be administered to the student by a chaperone with written parental consent.
3. All medication(s) that is to be administered by a designated staff member must be kept in a secure location.
4. All medication(s) that is administered by a designated staff member must be reported to the school nurse upon return from the field trip. If an emergency medication is given or taken by the student, a student accident/incident report must be completed and submitted to the school nurse upon completion of the field trip.
5. A student accident/incident report should be completed for any scheduled medication which was not given. This report must be turned into the school nurse upon completion of the field trip.
6. All forms and leftover medications must be returned to the school nurse after the field trip.
7. When applicable, a certified nurse or medical care personnel will attend overnight trips.
8. All student medical health care plans will be followed, and should include medical accommodations and supports needed on field trips.

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Field Trip Approval Form

Teacher(s):		Application Date:	Grade Level/Class
Destination and Contact Information for the Destination:		Departure Date: Departure Time:	Return Date: Return Time:
Number of Students:	Type of Transportation: <ul style="list-style-type: none"> • General School Bus • Small Bus • Other _____ 	Identity of Transportation Provider(s) and Contact Information:	
List of accommodations required for students attending the trip:			
Please describe the security protocols in place for the hotel and the overnight portion of the trip:			
List of Chaperones: All field trips must include at least 2 chaperones. *Asterisk those who can administer first aid.			
How does this activity relate to your class? Explain pre-and post-activities planned to make use of the information gained from the trip. (Attach additional sheet if necessary)			

Circle the appropriate response to each question below. The rightmost column which contains a circled response corresponds to the highest level of approval required. **Field trips which require School Committee approval must be approved at least 90 days in advance.**

	Requires Principal & Assistant Superintendent Approval	Requires Assistant Superintendent & Superintendent Approval	Requires Superintendent & School Committee Approval
How far will you travel?	The round trip travel is less than 120 miles.	The round trip travel is more than 120 miles but less than 400 miles.	The round trip is more than 400 miles

How long will you be there?	An overnight stay is not required.	The trip requires one overnight stay.	Requires more than one overnight stay.
Will you need a fund raiser?	A fund raising activity is not required.	A fund raising activity is required for the field trip.	Requires a district subsidy.

Health and Safety Issues

Indicate number of students with special health concerns and list special arrangements that are necessary. Please do not put the name of the student.

Number of Students: Ex: 3	Concern: Ex: asthma	Provision: Ex: carry inhaler

Indicate provisions for students on medication.

	Medication	Physician Contact Information	Person to Administer Medication

Name and Phone Number of the nearest Hospital:

REMINDERS: Obtain a medical report from the school nurse for all those attending. All consent forms should be in the supervising teacher's possession throughout the trip.

Signature: _____ (Principal Approval)

Date:

Signature: _____ (Assistant Superintendent Approval)

Date:

Signature: _____ (Superintendent Approval)

Date:

Signature:

(School Committee Approval)

Date:

[School Name]

Field Trip Permission Form

Your child's class will be attending a field trip to: _____

Date		Time	Leave:	Return:
Location				
Suggested Donation				
Transportation				
Notes				

Please return this permission slip by: _____

I give permission for my child _____ in room _____
to attend the field trip to _____ on _____
from _____ to _____
Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to _____)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:
Name _____ Phone _____

Medication(s) my child will be self-carrying & self-administering	
Treating Physician and Contact Info	
Allergies	
Protocol for Medications for One Day Field Trips	Children may self-carry and self-administer a days supply of medication for each day off-site, during an off-site school-sponsored activity. A licensed healthcare providers written order/parent permission (Authorization Form for All Prescription and Non-Prescription Medications) must be completed and submitted, unless already on record for the current school year. Medication must be supplied in the original properly labeled container. * For Overnight Field Trips, please also submit the Overnight Field Trip Authorization Form .
Parent Name _____ Parent Signature _____ Date _____	

Revised 1.2019

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Protocol for Medication Administration at Off-Site School-Sponsored Activities

For all field trips, a *Field Trip Permission Form* must be completed by a parent or guardian at least **2 weeks before** the scheduled field trip.

If a student is required to take medication during an off-site school-sponsored activity, the following guidelines will be followed:

1. The student's medication must be supplied by the parent, in addition to the parent's written authorization for use of the medication during the off-site school-sponsored activity (see *Barrington Public Schools Medication Authorization Form*). The medication must be stored and transported in its original prescription-labeled container (in the case of a prescription medication) or its manufacturer-labeled container (in the case of a non-prescription medication).
 2. In the case of a prescription medication, a licensed health care prescriber's written order must be provided.
 3. A student may self-carry and self-administer a single day's supply of medication, including a controlled substance, during an off-site school-sponsored activity.
 4. On overnight field trips, students may self-carry and self-administer inhalers and epinephrine. However, BPS will require that all other medications be stored in a secure location under the control of BPS staff. Students may self-administer these medications but may not self-carry.
1. If a student is required to take medication during an overnight field trip, the student's parent/guardian must complete and submit the *Barrington Public Schools Overnight Field Trip Medication Authorization Form for All Prescription and Non-Prescription Medications (Grades 6-12)*, including, if applicable, a licensed health care prescriber's written order.

2. A student is prohibited from sharing, transferring, or in any way diverting his/her own medication(s) to any other person.
3. BPS field trip organizers must notify parents well in advance of overnight field trips in order to provide parents of students needing medications sufficient time to review protocols for administration of the student's medication.
4. If an emergency medication is given or taken by the student, a student accident/incident report shall be completed on the field trip and submitted to administration upon completion of the field trip.
5. All student medical health care plans shall be followed. Arrangements shall be made for any reasonable medical accommodations necessary for all students to participate on field trips.

Revised 12019

**OVERNIGHT FIELD TRIP MEDICATION AUTHORIZATION FORM
For All Prescription and Non-Prescription Medications (Grades 6-12)**

This Section to be Completed by Parent/Guardian

I give permission to the Barrington School Department to have my child self-administer the below medication during an overnight field trip.

To ensure the safety of all students, BPS requires that all student medications remain stored in a secure location under the control of BPS staff during overnight field trips. The only exceptions to this policy are prescription inhalers and epinephrine, which students may self-carry and self-administer with written permission from both a parent/guardian and the prescribing physician (see below).

If the below medication includes a prescription inhaler or epinephrine, I give permission to the Barrington School Department to have my child self-carry and self-administer the below medication during an overnight field trip.

The below medication will be supplied by me in the original prescription-labeled container, or for non-prescription medication, the original manufacturer-labeled container with my child's name on it.

Parent/Guardian Signature _____ *Date* _____

This Section to be Completed by Your Child's Physician

Please allow this student to self-carry and self-administer the medication prescribed/authorized by me as follows for the duration of the overnight field trip above:

Medication: _____ Dosage: _____ Route: _____ Time: _____

Describe Indications/Diagnosis: _____

Side Effects: _____

Other Instructions:

Physician Signature _____ *Date* _____