

STUDENT ACTIVITIES
TRAVEL

FMG
(EXHIBIT)

These forms regarding student travel may be used by the District:

- Exhibit A: Spring Branch Independent School District Trip Request (Not Overnight)—1 page
- Exhibit B: Spring Branch Independent School District Trip Request (Overnight)—3 pages
- Exhibit C: Spring Branch Independent School District Parent Permission and Release of Liability for Students Participating in Trips—1 page
- Exhibit D: Spring Branch Independent School District Permiso del Padre/Madre Liberación de Responsabilidad Sobre Estudiantes Participando en Viajes—1 page
- Exhibit E: Spring Branch Independent School District Medical Authorization Form for Trips—1 page
- Exhibit F: Spring Branch Independent School District Autorización Médica para Viajes—1 page
- Exhibit G: Spring Branch Independent School District Chaperone-Sponsor Emergency Information—1 page
- Exhibit H: Spring Branch Independent School District Información de Emergencia del Chaperon-Patroncinador—1 page
- Exhibit I: Spring Branch Independent School District Health Services: Medication/Special Procedure Administration Record—2 pages

EXHIBIT A

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
TRIP REQUEST
(NOT OVERNIGHT)

Complete and submit form to the principal one month prior to the event for approval.

Date of request: _____

Group/Grade level(s)/Department: _____

In-state destination Out-of-state destination

Destination: _____

Destination address: _____

Date of trip: _____

Departure time: _____ a.m. or p.m. (circle one)

Return time: _____ a.m. or p.m. (circle one)

Number of students: _____

Educational rationale/Activities/TEKS connection: _____

 Chaperone expenses are included.

Chaperone volunteer forms are complete.

Substitutes are needed.

Funding source: _____

Special provisions: _____

Transportation request attached:

Air Bus Car/Nine-passenger van Charter bus Sharing

Submitted by teacher/sponsor: _____

Approved **Not approved**

Principal's signature: _____ Date: _____

EXHIBIT B

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
TRIP REQUEST
(OVERNIGHT)

Send completed form and attachments at least one month prior to the event to the executive director of administrative services for final approval.

School: _____ Date submitted: _____

Date(s) of field trip: _____ Departure time: _____ Return time: _____

Group making request: _____

Destination (city and state): _____

Number of school days to be missed: _____

Explain the nature of the trip or the kind of experience the students will receive:

Number of students on trip: Boy(s): _____ Girl(s): _____

Number of adults on trip: Sponsor(s): _____ Chaperones: _____

Previous trips taken by group (past four years)

Year	Destination	Purpose	Expenditures

Projected sources and use of funds

Projected Funding Source for Trip Request	
Description	Amount
Money from activity fund, if any	
Money from District budget, if any	
Money from grant budget, if any	
Money from parent payments, if any	
Total sources of funds (should equal or exceed cost of trip)	

Projected Cost of Trip	
Description	Amount
Registration or other fees (attach support for the amount)	
Transportation cost (attach support for the amount)	
Lodging cost (attach support for the amount)	
Food cost (attach support for the amount)	
Total cost	
Trip cost per student	

District requirements:

- FJ(EXHIBIT)-A authorizing fundraising (n/a if not fundraising) is attached.
- FJ(EXHIBIT)-B authorizing overnight travel is attached.
- Official invitation (if applicable) is attached.
- If a sole vendor will be paid \$50,000 or more and the Board has not already approved a contract with the vendor for this trip, submit a Purchasing Agenda Item request form to the purchasing department to place on the upcoming Board agenda.
- If the students did not fundraise for this trip and parents will be paying directly to a sole vendor \$50,000 or more, send the vendor's contract to the purchasing department for verification that it meets District guidelines.
- Parent Permission and Release of Liability form signed and submitted to the building principal no later than **two weeks prior to the trip**.
- Itinerary is attached.
- Bond/Liability is attached (for ground transportation).
- Sponsor has read Board policy FMG(LOCAL) pertaining to trips and has agreed to comply with all terms.
- If water activity is involved, attach all required documents.
- Chaperone expenses are included.
- Chaperone-Sponsor Emergency Information form has been completed.
- Information regarding closest medical facility to location of event is attached.
- Transportation request attached (check all that will be used).

<input type="checkbox"/> Air	Name of airline:
<input type="checkbox"/> Bus	District bus
<input type="checkbox"/> Car	Rental must be District-approved vendor

<input type="checkbox"/> Van	Nine-passenger van only—rental must be District-approved vendor
<input type="checkbox"/> Charter bus	Rental must be District-approved vendor—secure through transportation department
<input type="checkbox"/> Sharing transportation with school or district	

Study trips involving fundraising that costs over \$50,000 require Board approval. If the study trip was not approved in conjunction with the annual fundraising approval submission in the previous summer, a Purchasing Agenda Item request form must be filled out and sent to the purchasing department to place on the upcoming Board agenda. [See website: Board of Trustees timeline for submission process or contact (ext. 1106) in Purchasing.]

Approval Process

Submitted by:	_____	_____
	Sponsor	Date
Approved by:	This trip is <input type="checkbox"/> under \$50,000 <input type="checkbox"/> over \$50,000 (check one) If over \$50,000 and paid to a sole vendor, and the students fundraised for this trip, send Purchasing Agenda Item request form to the purchasing director by the timeline.	
	_____	_____
	Principal	Date
Approved by:	_____	_____
	Purchasing director	Date
Approved by:	_____	_____
	Program director (if applicable)	Date
Approved by:	_____	_____
	Superintendent or designee	Date

EXHIBIT C

Teacher's name

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
PARENT PERMISSION AND RELEASE OF LIABILITY FOR
STUDENTS PARTICIPATING IN TRIPS

_____, a student at _____ School,
Student's name School

has my permission to travel via school-arranged transportation to _____
Location

on _____, departing at _____ and returning at _____
Date Time Time

to participate in _____.
Activity

I understand that students on trips are subject to school rules, including the student/parent handbook, SBISD Discipline Management Plan and Student Code of Conduct, concerning dress and conduct, and that failure to abide by these regulations may result in disciplinary action. **Failure to follow these regulations may result in a student being sent home immediately at the parents' expense.**

I hereby release the Spring Branch Independent School District (SBISD) and all its supervisors, employees, volunteers, and/or representatives from any and all liability and/or claims and/or cause of actions individually or collectively, for any damages or injuries that might be received during class activity, on trips, or while traveling to and from such trip destinations, except for those for which SBISD, its supervisors, employees, volunteers, and/or representatives have effective insurance coverage but only to the extent of such insurance coverage.

In order to participate in this trip, each student must have written permission from the parent or guardian.

Please sign below to grant permission for your child to go on this trip.

Signature of parent or guardian Date

Special health or dietary needs: _____

In case of emergency, please contact:

Parent or guardian name (printed) Phone number

Name (printed) Phone number

The teacher or sponsor will attach the most current Medical Authorization Form for Trips to this document. (Parents: Please keep this information updated.)

EXHIBIT D

Nombre de maestro(a)

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
PERMISO DEL PADRE/MADRE Y LIBERACIÓN DE RESPONSABILIDAD SOBRE
ESTUDIANTES PARTICIPANDO EN VIAJES

_____, estudiante de la Escuela _____,
Nombre Plantel educativo

tiene mi permiso para viajar en el medio de transporte proporcionado por la escuela a

_____ en _____,
Localidad Fecha

saliendo a las _____ y regresando a las _____

para participar en _____.
Actividad

Entiendo que los estudiantes que participan en viajes están sujetos a las reglas de la escuela, incluyendo el Libreto Para el Estudiante/Padre, el Plan de Manejo de Disciplina y el Código de Conducta de SBISD, en lo que se relaciona a vestido y conducta, y que la falta de obedecer estas regulaciones puede resultar en acción disciplinaria. **La falta de cumplimiento de estas regulaciones resultará en el envío inmediato del estudiante a su casa, con el costo a cargo de los padres.**

Por medio de este documento libero al Distrito Escolar Independiente Spring Branch (SBISD) y a todos sus supervisors, empleados, voluntarios y/o representantes de toda responsabilidad y/o de cualquier obligación y/o causa de acción individual o colectiva, por cualquier daño o lesión que puedan ser recibidos durante una actividad de la clase, en viajes o en el viaje hacia y de regreso a esos viajes, excepto por los cuales SBISD, sus supervisores, empleados, voluntarios y/o representantes tienen seguro efectivo pero solo a la extensión de dicho seguro.

En orden de participar en este viaje, cada estudiante debe tener permiso por escrito del padre/guardian.

Por favor firme en la linea siguiente para dar permiso a su niño(a) para participar en este viaje.

Por favor devuelva la forma completa al(a) maestro(a) de su niño(a) antes de _____.
Fecha

Firma del padre/guardian

Fecha

Necesidades especialies de salud o de dieta: _____

En caso de emergencia, por favor lláme:

Nombre del padre/guardian (en imprenta)

Número de teléfono

Nombre (en imprenta)

Número de teléfono

EXHIBIT E

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
MEDICAL AUTHORIZATION FORM FOR TRIPS

This section is to be completed by Trip Sponsor:

This document will be presented to appropriate personnel at such time as emergency medical, dental, surgical care, or hospitalization may be required.

Closest medical facility to event: _____

Address: _____ Phone: _____

I / We, being the parent(s) or legal guardian(s) of _____, a minor, do hereby appoint an agent of SBISD from _____ School
Campus

to act in my/our behalf in authorizing emergency medical, dental, or surgical care and hospitalization for the above-named minor during a period of my absence. This authorization is given with my/our understanding that attempts will be made to contact me/us prior to the administration of treatment for any nonlife-threatening situation/condition utilizing the contact information that I/we have provided.

Signature of parent or guardian

Date

Address

City/State/Zip

Home phone

Daytime phone
(Where you can be reached during the trip)

Hospitalization Coverage for the Above-Named Minor

Name of insurance company or government center

Identification or group number

Family physician's name

Family physician's phone number

Insurance Waiver Statement

(Complete this section if you do not have insurance)

Where no proof of insurance is established, it is understood that the parents of the student must assume legal responsibilities for expenses incurred for injuries to students that occur during cocurricular activities. I have read and understand the above.

Signature of parent or guardian

Date

Student's name

Teacher

EXHIBIT F

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
AUTORIZACIÓN MÉDICA PARA VIAJES

Esta sección tendrá que ser completa por un representante del viaje:

Este documento será presentado al personal apropiado en caso de intervención debida a una emergencia médica, dental, quirúrgica o de hospitalización que sea requerida.

El centro medico mas cercano: _____

Dirección: _____ Telefono: _____

Yo/Nosotros, los padres o guardianes legales de _____ ,

menor de edad, designamos a un agente de SBISD de la Escuela _____

Plantel educativo

para actuar en nuestro nombre y autorizar intervención médica, dental o quirúrgica y hospitalización para el bienestar del niño(a) mencionado anteriormente durante el período de mi ausencia. Esta autorización es dada con mi/nuestro entendimiento de que tratarán de localizarme/localizarnos antes de que se administre un tratamiento para cualquier situación donde no haya riesgo de vida o muerte, utilizando la información que yo/nosotros hemos proporcionado.

Firma del padre/guardian

Fecha

Dirección

Ciudad, Estado/Código postal

Teléfono de la Casa

Teléfono durante el día
(donde usted puede ser localizado durante el viaje)

Información de seguro médico del estudiante mencionado

Nombre de la compañía de seguros
o entidad gubernamental

Identificación o número de grupo

Nombre del médico de la familia

Número de teléfono del médico de la familia

Aclaración de Falta de Seguro Médico
(Complete esta forma si usted no tiene seguro médico)

Cuando no se ha establecido prueba de seguro, se entiende que los padres del estudiante deben asumir responsabilidad legal por los gastos incurridos por accidentes que puedan ocurrir a los estudiantes durante las actividades co-curriculares. He leído y entiendo lo anterior.

Firma del Padre/Guardian

Fecha

Nombre del Estudiante

Maestro(a)

EXHIBIT G

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
CHAPERONE-SPONSOR EMERGENCY INFORMATION

Please print or type only.

_____ Name of sponsor	_____ Organization/Club		
_____ Home address	_____ City	_____ State	_____ Zip
Date of birth: _____			

Please list persons who can act on your behalf in case of an emergency.

_____ Name	_____ City	_____ State
_____ Relationship to sponsor	(_____) Phone	
_____ Name	_____ City	_____ State
_____ Relationship to sponsor	(_____) Phone	
_____ Name	_____ City	_____ State
_____ Relationship to sponsor	(_____) Phone	

Hospitalization Coverage for the Above-Named Chaperone-Sponsor

_____ Name of insurance company or government center	_____ Identification or group number
_____ Family physician's name	_____ Family physician's phone number

Insurance Waiver Statement
(Complete this section if you do not have insurance)

Where no proof of insurance is established, it is understood that the chaperone-sponsor must assume legal responsibilities for expenses incurred for injuries that occur during trips. I have read and understand the above.

_____ Signature of chaperone-sponsor	_____ Date
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EXHIBIT H

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
INFORMACIÓN DE EMERGENCIA DEL CHAPERON-PATRONCINADOR

Por favor escriba en letra de imprenta unicamente.

_____		_____	
Nombre del Patrocinador		Organización/Club	

Dirección	Ciudad	Estado	Zip

Fecha de nacimiento: _____

Por favor liste a las personas que pueden decidir por usted en caso de emergencia.

_____	_____	_____
Nombre	Ciudad	Estado
_____	() _____	
Relación	Número de teléfono	

Nombre	Ciudad	Estado
_____	() _____	
Relación	Número de teléfono	

Nombre	Ciudad	Estado
_____	() _____	
Relación	Número de teléfono	

Hospitalization Coverage for the Above-Named Chaperone-Sponsor

_____	_____
Name of insurance company or government center	Identification or group number

Family physician's name	Family physician's phone number

Aclaración de Falta de Seguro Médico
(Complete esta forma si usted no tiene seguro médico)

Cuando no se ha establecido prueba de seguro, se entiende que los chaperon-patroncinador deben asumir responsabilidad legal por los gastos incurridos por accidentes que puedan ocurrir durante viajes. He leído y entiendo lo anterior.

_____	_____
Firma del chaperon-patroncinador	Fecha

EXHIBIT I

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES:
MEDICATION / SPECIAL PROCEDURE ADMINISTRATION RECORD

Student's name: _____ Grade: _____ Destination: _____

School: _____ Teacher: _____ Trip/Activity date: _____

Copies in Trip Folder:

Emergency care plan Clinic emergency card Procedure protocol(s)

IMPORTANT: The signatures below acknowledge release/acceptance of medication(s) listed for the student noted above.

_____ Signature of RN/NA releasing medication	_____ Date	_____ Time
_____ Signature of trip leader accepting medication	_____ Date	_____ Time
_____ Signature of trip leader returning medication	_____ Date	_____ Time
_____ Signature of RN/NA noting return of medication	_____ Date	_____ Time

Medication Administration and Special Health Procedure Roster

Important: Unlicensed personnel must be trained by licensed health services staff according to District-approved protocols before administering medications or performing special health-care procedures. Dosage instructions for administering medication(s) must be taken from the Medication Administration Card packaged with each medication. Signatures are required below for each medication administered and procedure performed.

Medication: _____	Time to be given: _____
Signature of person administering medication: _____	Date/Time: _____
Medication: _____	Time to be given: _____
Signature of person administering medication: _____	Date/Time: _____
Medication: _____	Time to be given: _____
Signature of person administering medication: _____	Date/Time: _____

STUDENT ACTIVITIES
TRAVEL

FMG
(EXHIBIT)

Procedure: _____	Time: _____	Frequency: _____	
Signature of person administering medication/procedure: _____			Date/Time: _____
Procedure: _____	Time: _____	Frequency: _____	
Signature of person administering medication/procedure: _____			Date/Time: _____
Procedure: _____	Time: _____	Frequency: _____	
Signature of person administering medication/procedure: _____			Date/Time: _____

Medical alert notes/special instructions: _____

Return to Campus Health Services staff