

Name: _____
 Home High School: _____
 House: _____
 Field Study: _____

Office Use Only

Trimester 1: _____
 Trimester 2: _____
 Trimester 3: _____

INTERNATIONAL Field Study Form

School of Environmental Studies



This document contains/requests the following information:

- **Liability Information** (Requires initials and signatures to indicate acknowledgment)
- **Participation Cancellation Policies** (Reasons why a student may be sent home)
- **Health & Medical History Questionnaire** (To inform trip leaders of student health needs) Note: May require a doctor visit.
- **Medical Treatment Information and Permission** (Contact, Insurance & Medication information)
- **Overnight Field Trip Expectations and Guidelines** (Behavior expectations of students and potential consequences)
 - For answers to medical/health questions, please contact the school nurse at 952-431-8796.
 - For answers to all other field study questions, please contact a trip leader from the specific field study at 651-431-8750.

For participation on SES International Field Studies parents/students must complete this form in addition to:

- **Providing proof of Health Insurance Coverage** (A copy of insurance card - front and back)
- **Parent Authorization for International Travel** (Only if students is under 18, Requires a Notary)
- **Infectious Disease Prevention for Field Studies** (Doctor visit and possible vaccine/prescription)
- **US Passport** (must be valid 6 months past return date of field study)
- **Additional Forms unique to the specific field study** (you will receive these from trip leaders)

The following information will require that BOTH the student participant and a parent/guardian initial each statement indicating that they have read and understand the information presented. At the end there will also be a signature line to re-affirm acknowledgment and understanding of all the liability and participation/cancellation policies presented.

Liability Information/Policies

_____ student Many of the SES field studies involve being in remote areas for a portion (or more) of the experience. Because of the remote nature of these settings, it may be difficult to evacuate participants to medical facilities quickly if the need arises. The staff always has an emergency plan that is rehearsed and shared with the appropriate support people. Routes are chosen and groups are clustered in such a way as to minimize the possibility and impact of injuries that may require professional help. Nonetheless, if an accident should occur the best efforts of the staff may still require a long trek to help.

_____ parent/guardian

_____ student Keep in mind that the trip leaders are responsible for the health and safety of ALL the students on the trip and there are situations where, if a student can't participate, the trip leaders do not have an option for additional adult supervision. Thus the student would need to be left unsupervised OR the entire group would be unable to participate in the activity.

_____ parent/guardian

student

parent/guardian

The undersigned participant and parents (or legal guardians) release The School of Environmental Studies and Independent School District 196 (ISD 196), its administration, teachers, and agents from any and all claims of whatever nature for any injury regardless of nature or cause whether or not resulting in death for any loss, damage, illness, accident, delay, unusual circumstances or expenses due to strikes, war, weather, illness, quarantine, government restrictions or regulations, improper documentation or due to any act or omission of airlines, railroad or bus companies, transportation in general hotels, restaurants or any other service offered by companies, individuals, or agencies, within or related to the aforementioned.

Conditions for Participation / Participation and Trip Cancellation Policies

student

parent/guardian

The student participant and/or parents/guardians are responsible for ensuring that the student has a current passport, valid for at least 6 months past the date of return for the field study and any visas if needed. Without documentation, the airline may refuse travel and all payments for the field study will be forfeited.

student

parent/guardian

If a student is sent home from a field study, that student will be sent home unsupervised, unless the parent chooses to or is needed to accompany the student during travel. All travel expenses, for the student and/or parent/guardian are the sole responsibility of the parent/guardian.

student

parent/guardian

Keep in mind the trip leaders are not trained doctors or counselors, and though they are willing and able to provide support to students with minor physical or mental health needs, if the physical or mental needs are too great, and the student cannot fully participate in field study activities, the student will be sent home, at the family's expense.

student

parent/guardian

I understand that violation of any District 196 behavior expectations will result in the consequences specified in the SES Student Handbook. Additionally, students who violate these standards or break local laws will be returned home immediately at the expense of parents or legal guardians and credit for the course will be lost. Behaviors that will result in a student being sent home from a field study include (but are not limited to) the following:

- *The purchase/consumption/distribution of alcohol, tobacco and/or illegal drugs*
- *The purchase or possession of a weapon or look-alike weapon*
- *Sneaking out after "bed check" / going to an unsupervised area*
- *Engaging in sexual activity or lewd behavior*
- *Putting her/himself in danger or others in danger*
- *Insubordinate behavior*

By my signature below, I certify that I have carefully read this document and that I agree to the general conditions for participation. I accept the payment schedule, cancellation policy, participation cancellation policy and (for parent/guardian) grant permission for my student to participate.

Signature of parent or legal guardian _____ Date _____

Signature of student _____ Date _____

Health & Medical History Questionnaire

To parents, participants, and physicians

The participant completing this form is applying to partake in a field study that could involve extreme outdoor physical activity and conditions. Please be aware that with most of our field studies, immediate medical care is not available.

Please answer the following questions thoughtfully and provide thorough information to ensure the health and safety of your child on the field study. Select each of the following that applies to the student today or that has applied to the student in the past.

- Contact lenses?
- Menstrual problems?
- Chronic sinus problems?
- Nosebleeds?
- Sensitivity to heat?
- Migraine headaches?
Treatment _____
- Motion sickness?
Treatment _____
- Special diet/dietary needs? (vegetarian, vegan, gluten-free)
Explain: _____
- Drug allergies?
Which drug(s) _____
What was the reaction? _____
- Bee sting allergies?
- Food allergies?
What foods _____
What was the reaction? _____
- Environmental allergies?
What substances? _____
- Has student ever been prescribed an inhaler?
Date? _____
- Has student ever been prescribed an epi pen?
For what allergy? _____
- Has a physician ever told the student not to participate in strenuous activities?
Explain: _____
- Check this box if none of the above items apply**

A positive response to **any of the following questions** will require you to seek the advice of your physician and supply the school with your physician's impressions of the student's suitability to participate in the field study. **You must respond to every item below with a YES or NO answer.**

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Surgery within past year?
Explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy, seizures, convulsions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | Lost consciousness |
| <input type="checkbox"/> | <input type="checkbox"/> | Ulcers |
| <input type="checkbox"/> | <input type="checkbox"/> | Eating disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other chronic medical condition |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma |
| <input type="checkbox"/> | <input type="checkbox"/> | Back pain or injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Fainting spells |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart condition |
| <input type="checkbox"/> | <input type="checkbox"/> | Behavioral health problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression/Anxiety |
| <input type="checkbox"/> | <input type="checkbox"/> | Wheezing with exercise |
| <input type="checkbox"/> | <input type="checkbox"/> | Any acute medical condition |

To the Physician:

(complete if any of the Yes/No questions above have been checked YES)

This student is an applicant for a School of Environmental Studies field study. Your opinion of the student's medical fitness for participation in the field study is requested. Please see the information above, as well as the information packet for the specific field study as you assess the student's suitability for participation.

Physician's Impression

- I find no medical conditions that I consider incompatible with the field study.
- I am unable to recommend this student for participation in the field study.
- I recommend this student for participation with the following restrictions:

Physician Signature _____ Physician (print) _____ Date _____

Contact Person at Clinic, if school personnel have questions: _____

Clinic _____ Address _____

Phone _____ Extension _____ Fax _____

Parent Signature to allow clinic personnel to talk to school personnel regarding participation in this field study:

Parent signature _____ Date _____

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 604.7.2.7P Adopted October 2016 Revised _____

Title International Field Trip – Student Medical Treatment Information and Permission

Staff: *Attach additional field trip details as necessary*

Details and dates of international field trip:

If this box is checked, the field trip location/facility requires that you complete a separate **consent or waiver form** which is included and must be returned with this form.

Parent/Guardian: *Complete this form and return to your child's teacher by: 4 weeks prior to travel*

Student's name _____ Grade _____ Birthdate _____

Student address (street, city, zip code) _____

Parent or guardian name _____ Email address _____

Parent or guardian telephone number(s) with area code (home) _____ (work) _____ (cell) _____

Name and telephone numbers of neighbor or relative _____

Insurance provider _____ Policy # _____

Medical Information

- Yes No Does your child have **any** known allergies? If yes, what? _____
 Yes No Does your child have an EpiPen?
 Yes No Does your child take medication? Please list:

Medication name _____ Dose _____ How often _____ Reason _____

Medication name _____ Dose _____ How often _____ Reason _____

*****Please remember to send all required medication in original container*****

- Yes No Does your child have any physical factors, surgeries (within the last year) or other health concerns that might affect your child's activity or would be necessary for a physician to know when caring for your child? Please list: _____

Date of last tetanus shot (month/day/year) ____/____/____

Medical Treatment Authorization (In case of illness, injury or an emergency, it might be necessary to treat or seek care for your child before staff can contact you.)

By signing below, I (student's parent/guardian or adult student age 18 or older) agree that Independent School District 196 (District 196) shall have full authority to take action it deems necessary to safeguard the health, safety and well-being of student during the field trip. Such authority shall include authorization to, when necessary:

- Administer treatment, first aid and medications, including those identified above,
- Secure medical treatment (including surgery) from local medical personnel and medical institutions, and/or
- Send student home for treatment.

I confirm that, to the best of my knowledge, student is physically and mentally able to participate in the field trip and its activities. Additionally, before student can participate in the field trip, I understand I may be required to supply additional medical information.

Waiver of Claims

I understand and am aware that this field trip involves a risk of injury to student. I freely and voluntarily assume and accept this risk for myself and on behalf of student. By signing below and in consideration of District 196 allowing student to take part in this activity, I agree for myself and on behalf of student to waive all liability against the District 196, its employees and volunteers with respect to any and all injury, disability or damage to person or property that occurs as a result of student's participation in the field trip. This Waiver releases claims based on ordinary negligence, but does NOT release claims based upon gross negligence or willful or wanton misconduct.

Termination of Participation

I understand that, during the field trip, student is expected to comply with District 196 behavior expectations, program standards and all local laws, and that student may be sent home and/or subject to District 196 misbehavior consequences for failure to do so.

If student is returned home for misbehavior, I agree to cover all resultant expenses to return the student home and acknowledge that no refunds will be granted.

Reporting Serious Incidents

Pursuant to Minnesota state law, District 196 requests that you report to relevant school staff any hospitalizations due to accidents, illnesses or deaths that occurred during student's participation in an international trip sponsored by the school.

Alteration of Program or Cancellation by District 196

I acknowledge that District 196 reserves the right to alter the itinerary and to adjust costs and cancellation fees to reflect changes of any sort beyond the control of District 196, such as any changes in exchange rates, airline costs, etc. I understand District 196 also reserves the right to cancel programs due to insufficient participation or due to other circumstances beyond its control. I acknowledge that cancellation fees for such circumstances will be in effect.

Failure to Pay or Complete/Obtain Necessary Paperwork

I understand that I am responsible for paying necessary costs/fees for this trip and may be required to complete additional paperwork before student participates in the trip. I agree that District 196 may terminate student's participation in the field trip for failure to make any required payments on time or to complete required paperwork on schedule. In such cases, cancellation fees remain in effect.

I understand it is my responsibility to request and acquire proper visas, re-entry papers, or any other documents required for student to visit and return from the foreign destination. I acknowledge that no refunds will be made for the failure to acquire proper travel documents.

Permission

By signing this form, I agree to the above terms and give permission for student to attend and participate in the field trip. I understand that I am under no obligation to give permission for student to attend the field trip and, if I choose not to give permission, student will be expected to attend school on the day(s) of the field trip.

Name of parent/guardian name/adult student (print): _____

Signature of parent/guardian/adult student: _____

For Staff Use Only – International Field Trips

For trips involving international travel with students (including to Mexico and Canada) in which the district has a written agreement with the program provider, please complete and send this form to the Director of Secondary Education if the above student 1) was hospitalized due to an accident; 2) became ill; or 3) died while participating in the trip.

Date of hospitalization due to accident/illness/death: _____

City/location of hospitalization/illness/death: _____

Description of incident (reason for hospitalization, type of illness, etc.): _____

Name/type of travel abroad program and program provider name: _____

Name of staff person completing the form (print): _____

Signature of staff person completing the form: _____

Date: _____

Send completed form to the Director of Secondary Education

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 604.7.2.4P Adopted November 2017 Revised _____

Title Overnight Field Trip Expectations and Guidelines

Class or activity: _____ **Dates of trip:** _____

Trip location: _____

School personnel coordinating trip: _____

The privilege of participating in a school overnight field trip carries with it the responsibility of helping to make the trip successful for everyone. In order to do so it takes thorough organization and communication of expectations between the trip leaders, students and parents. The following rules and expectations will help make the trip more successful for everyone.

- 1) **General conduct** – Students, student leaders and chaperones are expected to behave with the highest levels of manners, conduct and respect. Student conduct is a reflection not only on the individual, but also on the club/team, school, district and community.
- 2) All rules and regulations of District 196 will remain in effect for the duration of the trip. In accordance with Administrative Regulation 503.3AR, Student Behavior Expectations and Consequences for Misbehavior, school consequences may be imposed for misbehaviors during the trip. In addition, students may be precluded from attending for misbehavior occurring prior to the trip. (See Overnight Field Trips, District Regulation 604.7.2AR).
- 3) School staff chaperoning the trip reserve the right to inspect rooms if misconduct is suspected. If there is a reason to believe that an illegal act or violation of school rules has been committed, or is about to be committed, school staff supervising the trip are authorized to search the student and her or his personal property, including baggage and cell phones, and seize any item the possession of which is specifically prohibited by law, district policies or school rules.
- 4) Students will be on time for all meetings and departures. Individual irresponsibility or lack of organization must not affect the entire group.
- 5) All students will remain a part of group activities at all times. No one will be allowed to stay at the hotel or engage in non-preapproved activities.
- 6) During any self-guided time, students must travel in groups of two or more **never alone**. Students and adults need to be responsible for each other.
- 7) Students and adults must use extreme caution when socializing with strangers. No one other than school staff/chaperones, students or hotel personnel is allowed in a student room. Students should stick with friends they already know.
- 8) Students should use common sense during the entire trip. If a student has questions, they should ask a staff person or chaperone.
- 9) Dress at all times should be neat, clean and respectable.
- 10) Hotels are often concerned about maintaining appropriate noise levels. Students must be considerate and respectful of all guests. Unless otherwise allowed by trip supervisors, students may not be in a hotel room they are not assigned to for an extended period of time.
- 11) No students should drive vehicles to, from or during a trip.

- 12) Any directive or request made of students by staff or chaperones must be followed immediately.
- 13) **Room checks** – School staff and chaperones will conduct room checks every night at a designated time. School staff and chaperones must see students in their own rooms, and students must remain in their own rooms after the room check. Students should request an early room check if they decide to go to sleep early.

Help each other be successful and make the correct decisions on the trip.

Note – Serious offenses include, but are not be limited to, smoking, assaultive behavior, drinking, drugs, theft, vandalism, repeated offenses and gross insubordination and will result in the suspension of trip privileges. Consequences for any violation of school or trip rules will vary according to the offense and could range from a call home to parents to suspension of trip privileges and/or **an early trip home at the student’s/family’s expense (including a ticket for a chaperone to fly home with the student and back to the location if deemed necessary)**. Additional consequences may also be imposed in accordance with Administrative Regulation 503.3AR, Student Behavior Expectations and Consequences for Misbehavior and applicable Minnesota State High School League (MSHSL) rules.

By signing below, I acknowledge I have reviewed the **Overnight Field Trip Expectations and Guidelines** above and understand and agree to the expectations and guidelines.

Student name (print) _____

Student signature _____ Date _____

Parent/Guardian name (print) _____

Parent/Guardian signature _____ Date _____

References – District 196 Administrative Regulation 604.7.2AR, Overnight Field Trips