



## FIELD TRIP AUTHORIZATION FORM

*Requests must be submitted to your campus Principal at least 8 weeks prior to the date of the proposed field trip. A copy of the Principal-approved request form must be submitted to the Central Administration Office for final Director of Program approval no less than 4 weeks prior to the field trip date. Teachers are encouraged to provide additional printed information relative to the field trip destination whenever available. Trips are always conditionally approved contingent upon a confirmed list of field trip drivers being provided to the Principal no later than 1 week prior to the trip date. The Director of Program may describe other contingencies as necessary.*

Teacher Name: Lindsay Griffin

Date: 8/1/18

Grade(s): 7/8

Classroom: Middle School

Campus: American River

**Destination of Proposed Field Trip:** Ashland, Oregon

**Address:** 1250 Siskiyou Blvd.

Kearny Combs  
(Contact Name)

(541) 552-6375  
(Contact Phone #)

**Cost per Student:** \$260.00

**Date(s) of Proposed Field Trip:** 4/10/19- 4/12/19

**Departure from Campus Time:** 8:30 a.m.

**Return to Campus Time:** 3:30 p.m.

**Date first payment needs to be made to vendor:** February 1<sup>st</sup>, 2019

**Date of Parent Chaperone Meeting:** March 28, 2019

**The field trip is:**  walking class trip  local/day trip  over night: 2 # nights  out-of-state\*  
\*Out-of-state field trips must be pre-approved by the Governing Board prior to booking. Please contact the Central Administration Office to learn more about the Governing Board meeting schedule.

**Title/Description of Field Trip:** (Note that walking class trips may be requested as a "standing approval" for events such as regular park outings, monthly library trips, etc. If requesting a "standing approval", please indicate all proposed dates of participation on one request form).

Students will be staying on campus at Southern Oregon University and attending the Ashland Shakespeare Festival. They will attend two plays and participate in theater workshops offered by SOU.

**How will this field trip support the students' learning and how does it tie into the curriculum?**

Students will be studying the works of William Shakespeare in Language Arts. They will be reading the play, "As You Like It" and will get to see this performed at the festival.

**Projected # of students participating:** 56 **Projected # of students not participating:** 0

**Projected student participation rate:** 100%

**Comments about student participation rate:** All students are expected to participate.

What is the alternative on-campus placement plan for students who will not be attending this field trip and how has this been communicated to parents? (If a substitute teacher is required for alternative on-campus placement, this cost must be factored into the total field trip cost.)

Students not attending the field trip will be given an alternative assignment related to Shakespeare and the play, "As You Like It". This project will be completed on campus with a substitute teacher.

**Adults to Student Ratio:**

Tk/K - 3<sup>rd</sup>: # of Adults \_\_\_\_\_ per # of Students \_\_\_\_\_ (guideline is 1 Adult per 4 Students)

4<sup>th</sup> - 6<sup>th</sup>: # of Adults \_\_\_\_\_ per # of Students \_\_\_\_\_ (guideline is 1 Adult per 5 Students)

7<sup>th</sup> - 8<sup>th</sup>: # of Adults 1 per # of Students 6-7 (guideline is 1 Adult per 7 Students)

**Fundraising Plans to Offset Cost:** Grams, pancake breakfast, Chipolte, Noodles & Co.

**How will transportation be provided?** parent drivers

**Will the students engage in high-risk activities (i.e. ropes course, kayaking, etc.)?** Check one:  Yes  No

If Yes:

- Please list activities \_\_\_\_\_
- Complete and Attach the Philadelphia Insurance Companies Special Event Questionnaire
- Attach a venue flyer and/or description of event
- Note: Parent/Guardian must sign a CMP Release of Liability in addition to the FT Permission Form.

**Is venue requesting a Certificate of Insurance?** Check one:  Yes  No

If Yes:

- Include a copy of the contract outlining their insurance requirements.
- Note: You may need to request a copy of the venue's Certificate of Insurance as well and provide a copy to Central Admin.

**Please fill out and attach the Field Trip Emergency Plan with this Authorization Form**

**Approval Process:**

1. **Principal's Pre-Approval Required for Field Trip:** Check one:  Approved  Denied

Jillie Miller  
Principal Signature

9/11/18  
Date

2. **Central Admin AA Review:** Initials: TR Date: \_\_\_\_\_

3. **Student Services Coordinator Review:** Check one:  Approved  Denied

James Houtley  
Student Services Coordinator Signature

9/28/18  
Date

4. **Director of Program Approval Required for Field Trip:** Check one:  Approved  Denied

Melley Lambert  
Director of Program Signature

9/28/2018  
Date

**Contingent upon:** \_\_\_\_\_

5. **Board Approval Required for Out-of-State Field Trip:** Check one:  Approved  Denied

\_\_\_\_\_  
Governing Board Chairman Signature or Designee

\_\_\_\_\_  
Date

Campus: AR

Date(s) of Field Trip: 4/10/19- 4/12/19

## Field Trip Emergency Plan

(Please fill out and include with Field Trip Authorization Form)

Teacher Name: Lindsay Griffin

Classroom: Middle School

Destination of Field Trip: Ashland, Oregon

Contact Name and Phone Number: Kearny Combs- (541) 552- 6375

Emergency CMP Contact #1: Lindsay Griffin (916) 397- 9635  
Name & Phone Number

#2: Sara Meece (916) 524- 3141  
Name & Phone Number

Teacher responsible for making decisions regarding emergencies: all middle school teachers

This person is also responsible for making sure of the following:

- ✓ All emergency information is present and available
- ✓ Sufficient first aid kits are available to serve all participating students
- ✓ The responsible teacher has a functioning cell phone with number shared with other teachers and parent chaperones
- ✓ All safety protocols specific to this field trip are clearly communicated to the other participating teachers and parent chaperones

### Emergency Procedures:

*If ever there is a life threatening event or if the safety of the participants is jeopardized always call 911.*

### What is the plan if a student gets ill/injured during the trip?

We would first assess the situation to see how severe the illness/ injury is to see if we need to call 911. We would refer to emergency information and either call the student's parents or medical provider based on the student's needs. If the student should need to leave the trip, one of the middle school teachers will return the student to campus to be picked up by parents. The campus office will be in this communication loop.

### What is the plan if a parent chaperone gets ill/injured during the trip?

Refer to the chaperone's emergency information and contact medical provider or 911 if needed. If a parent chaperone needs to go home, a teacher or chaperone will take over that chaperone's group of students.

**What is the plan if an individual or group of students exhibit behavioral problems and need to be isolated from the group or sent home?**

A teacher will speak to the group/ individual separate from the whole group. If student(s) need(s) to be isolated or sent home, a teacher will stay with student(s) to call home to parents or until teacher feels student(s) is ready to join whole group.

**What is the plan if a student or parent needs to go to the hospital?**

Student / parent will be taken to the hospital by teacher or other parent chaperone (depending on situation). Teacher will call school office to keep them informed as well as student's/ parent's family.

**What is the plan if a student gets lost during this trip?**

The teachers and students will decide on a spot where we will go in case we get separated from the group. A Parent chaperone may look for student while teacher stays in one spot (or vice versa). Depending on the situation, emergency personnel may be called.

**What are the potential safety hazards specific to this trip?**

Students could wander away from group or get lost while we are in town or walking on campus.

**What plans could be put into place to make sure these situations are handled to the best of our ability?**

The teachers will do a lot of front loading before this trip to make sure that students understand the safety expectations for this trip. We will provide the SOU phone # and teacher phone #'s for all chaperones and students. We will establish a meeting spot so that if a student gets separated they know to wait at this spot until a chaperone or teacher comes to get them.

**What is the plan if a parent chaperone is making choices which are jeopardizing the safety of the students?**

The teacher will talk to parent about the poor choices that they are making and may ask the parent chaperone to leave the trip. A parent chaperone or teacher will absorb that parent's group of students.

**PHILADELPHIA INSURANCE COMPANIES**  
**SPECIAL EVENT QUESTIONNAIRE**  
 Revised for CMP for High Risk & Overnight Field Trips

1. Name of your organization: California Montessori Project  
 Policy No. or Account No.:
  
2. Teacher Name: Lindsay Griffin  
 Grade/s: 7/8  
 Classroom Name: Middle School  
 Ages range: 12- 14
  
3. Destination of Proposed Field Trip: Ashland, Oregon  
 Address: 1250 Siskiyou Blvd., Ashland, OR 97520  
 Contact Name: Kearny Combs  
 Dates of Proposed Trip: 4/10/19- 4/12/19  
 Departure time from Campus: 8:30 a.m.  
 Contact Phone #: (541) 552- 6375  
 Cost per Student: \$260.00  
 Return to Campus time: 3:30 p.m.
  
4. Description, Type of event: Shakespeare Festival  
 Activities (details- please include a flyer, brochure, etc.): attend live theater, walk to theater from Southern Oregon University
  
5. Number of anticipated Students attending this event: 56  
 Number of anticipated Employees attending this event: 4  
 Number of anticipated Parent Chaperones attending this event: 15
  
6. Are lifeguards on duty?  Yes  No  Not Applicable (If Yes complete the following)  
 Are they hired by  Insured  Place event is being held  
 Is the lifeguard/s certified?  Yes  No CPR trained?  Yes  No  
 Certificate received by insured?  Yes  No
  
7. Are sports activities being played?  Yes  No  Not Applicable (If Yes complete the following)  
 Which sport/s? \_\_\_\_\_  
 Are participants required to sign a waiver?  Yes  No  
 Do participants have to show proof of personal health insurance?  Yes  No  
 Are safeguards in place to prevent injury to spectators?  Yes  No
  
8. Will you sell or serve food?  Yes  No  Not Applicable  
 Catered?  Yes  No (If Yes complete the following)  
 Are they hired by:  Insured  Place event is being held?  
 Certificate received by insured?  Yes  No
  
9. Organizations or agencies which will need to be named as Certificate Holder and/or additional insured (such as City or County or building owner): \_\_\_\_\_  
 Address of Certificate Holder: \_\_\_\_\_  
 Do we need to provide a certificate of insurance?  Yes  No  
 Are you sure the Certificate holder needs to be named as an Additional Insured?  Yes  No  
 If so, give date by which certificate must reach this organization
  
10. Note: No alcohol is to be served on Field Trip Events

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

**California Montessori Project**  
**Field Trip Permission Slip & Emergency Information**  
**Due with Specified Payment by March 1, 2019**

<b>Payment:</b>
Date: _____
Cash: \$ _____
Check: # _____
Verified: _____
Coordinator's initials: _____

Classroom: Middle School

Field Trip Destination: Ashland, Oregon

Date: 4/10/19- 4/12/19 Departure Time: 8:30 a.m. Return Time: 3:30 p.m. Lunch: X (Pack a disposable lunch & water bottle)

Cost per Student\*: \$ 260.00 Cost per adult: \$ 210.00

\*CMP Policy provides that no student shall be excluded from a field trip for financial reasons.

Please Note Siblings are not permitted on CMP Field Trips except in extenuating circumstances and parents are required to have at least 2 weeks prior approval. Siblings enrolled in CMP are expected to be in attendance in their own classrooms.

**Student Information:** My child, \_\_\_\_\_,  does /  does not have my permission to participate in the field trip listed above and to be transported by a CMP parent volunteer driver.

\_\_\_\_\_ My child requires a car booster seat! (required for child until 8 years old or 4'9" in height). Parents to leave seat with teacher.

**Parent Information:** Parent/Guardian Name(s): \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Volunteer and/or Driver Participation:**

\_\_\_\_\_ Yes, I, (driver name) \_\_\_\_\_ would like to drive on the field trip, and can accommodate \_\_\_\_\_ children, including my own child, in my car with seat belts and car seats if necessary.\*

I have been cleared by the school office to drive on fieldtrips by attending "7 Habits of Highly Effective Volunteers" and by submitting my Live Scan, TB test results, driving report, proof of insurance, driver's license and vehicle registration and am 25 years of age or older.

\_\_\_\_\_ Yes, I, (chaperone name) \_\_\_\_\_ would like to volunteer on the field trip.\*

I have been cleared by the school office to volunteer on fieldtrips by attending "7 Habits of Highly Effective Volunteers" and by submitting my Live Scan and TB test results and am 21 years of age or older.

\_\_\_\_\_ No, I am not able to participate on this field trip.

\*I understand there may be more volunteers and/or drivers than are allowed on the field trip and I will be notified if I will be driving or participating.

**AUTHORIZATION TO TREAT MINOR:** In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff or designated parent supervisor to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Notice:** California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the school, district, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion (Education Code Section 35330).

**EMERGENCY INFORMATION: MUST BE COMPLETED to accompany your child's chaperone/driver**

Print Name(s) of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Pagers/Cell Phones: \_\_\_\_\_

Additional Emergency Contact Person/Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Additional Emergency Contact Person/Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Physician/Health Insurance Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Critical Medical Needs/Allergies/Conditions: \_\_\_\_\_



## Registration Form, Release of Liability and Assumption of Risk Agreement

**Class/Teacher:** Middle School

**Date(s):** 4/10/19- 4/12/19

**Time:** Depart @ 8:30 a.m.;  
Return @ 3:30 p.m.

Participant's Name	Birth Date	Address	City, Zip Code	Home Telephone

**Activity Description:** Ashland, Oregon Shakespeare Festival    **Location:** Ashland, Oregon    **Transportation:** Parent Drivers

**Student Physical Involvement:** Experience live theater, participate in theater workshops, and stay at Southern Oregon University.

I understand that my child will be participating in a field trip as described above. At all times, California Montessori Project (hereinafter CMP) administrators, teachers, volunteers, and other staff seek to provide a safe environment and experience.

In providing consent for my child's participation, I acknowledge that certain known or unanticipated risks or danger of accidents resulting in an injury, accident, illness, or death may occur on this field trip. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**AGREEMENT, WAIVER, AND RELEASE**

Consistent with Education Code Section 35330, and in consideration for being permitted by CMP to participate in the above activity, I hereby voluntarily waive, release, and discharge any and all claims for damages for personal injury, death or property damage which I or my child may have, or which hereafter may accrue to me or my child, as a result of participation in said activity. This release discharges CMP, its officers, employees, and agents, from and against any and all liability arising out of or connected in any way with my participation in said activity. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. Should CMP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless CMP or anyone acting on their behalf from all such fees and costs.

**PARENTAL CONSENT: (to be completed and signed by parent/guardian if participant is under 18 years of age)**

I hereby consent that my son/daughter participate in the above activity, and I hereby execute the above waiver, agreement, and release in his/her behalf. I state that said minor is physically able to participate in said activity. Should CMP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless CMP or anyone acting on their behalf from all such fees and costs.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CALIFORNIA MONTESSORI PROJECT AND I SIGN IT OF MY FREE WILL.**

\_\_\_\_\_  
Parent/Legal Guardian (Please print)

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\*\*\*\*\*  
Participants and parents/legal guardians hereby agree to abide by all rules, regulations and policies of CMP; and to follow the instructions of the CMP staff in charge of this activity.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

