

FLEMING COUNTY SCHOOLS

DAY FIELD TRIP PACKET

2016-17



Where kids are first and learning never ends!

Updated on 6/07/2016

Fleming County Day-Field Trip Checklist

Remember when planning your field trip; consider that there are no field trips scheduled the last 5 school days of a quarter, on testing dates for the attending students, 5 school days before winter break, and the last 20 school days of the school year.

Turn in to Secretary:

_____ 2 weeks prior to field trip – School-Related Student Trip Request Form for Principals approval

_____ If this trip is an out-of-state day trip then submit the above form after Principals approval to the Superintendent/ Designee for approval.

_____ 2 weeks prior to field trip - Vehicle Request Form

_____ 2 weeks prior to field trip – School-Related Student Permission Slip and Medical Release Form

_____ 2 weeks prior to field trip - Lunch Request/ Cancellation Form

_____ 2 week prior to field trip – Notification to Health Office/ Medication Log

_____ 1 week prior to trip, turn in Student-Teacher Awareness Form for each student

_____ 1 week prior to field trip send to all staff, via email, Roster of Students Participating

_____ 3 days prior to field trip - Chaperone Roles and Responsibilities (one form for each chaperone)

The day of field trip:

_____ Inform the front desk of departure and return time

_____ Roster and ID numbers of attending students turned in to attendance office.

_____ Copy of signed School Related Student Permission Form turned in to the attendance office.

_____ Turn in Fleming County Day-Field Trip Checklist to the secretary with copies of forms

_____ Give driver School Bus Seating Chart

Teacher requesting field trip _____ Date turned in _____

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL _____ FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
 Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION _____ ADDRESS _____ PHONE _____

- Out of State Out of County Within County
 Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP _____ DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES. SEE PROCEDURE 09.36 AP.212.
 CERTIFICATED COMMON CARRIER; SPECIFY _____
 PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Signature of Faculty Sponsor _____
Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Principal _____
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

Date trip was approved _____ By whom _____

Destination _____ Address _____ Phone _____

- Out-of-State
- Out-of-County
- Within-County
- Overnight (Give name, address, phone # of lodging) _____

Date(s) of Trip _____ Departure Time _____ Return Time _____

Number of Students _____ Faculty Sponsors _____ Chaperones _____ Total # of Participants _____

THE SPONSORING GROUP IS RESPONSIBLE FOR ALL TRANSPORTATION COSTS ASSOCIATED WITH THE TRIP, INCLUDING THE DRIVER'S SALARY, PLUS ANY APPLICABLE OVERTIME WAGES AND DEDUCTIONS REQUIRED BY LAW.

Charge trip expenses to:

- Sponsoring organization School council Board/District
- Other (specify) _____

Mode of Transportation (CHECK ONE):

- District-owned school bus; number needed _____
- District-owned vehicle, other than bus; specify _____
- Private vehicle, if allowed by policy, specify driver(s) _____
- Certificated common carrier; specify _____
- Check here if luggage, equipment, projects, etc., will be transported. (Specify) _____

Faculty Sponsor's Signature

Date

Bus Number(s) _____ Driver(s) Name(s) _____

Estimated Expenses: Driver(s) \$ _____ Fuel \$ _____ Mileage \$ _____

Meals, if applicable \$ _____ Lodging, if applicable \$ _____

Actual Expenses: Driver (s) \$ _____ Fuel \$ _____ Mileage \$ _____

Meals, if applicable \$ _____ Lodging, if applicable \$ _____

Driving Time _____ Layover Time _____ Actual Miles _____

Transportation Supervisor's Signature

Date

RELATED PROCEDURES:

- 09.36 AP.21
- 09.36 AP.211
- 09.36 AP.23

School-Related Student Trip Permission Slip and Medical Release Form

| | | | |
|--|-------------------|---|--|
| Student's Name _____ | | | |
| <i>Last Name</i> | <i>First Name</i> | <i>Middle Initial</i> | |
| School _____ | Grade _____ | Homeroom/Classroom _____ | |
| Field Trip Date(s) _____ | | Destination _____ | |
| Alternate Destination, if applicable _____ | | | |
| Mode of Transportation _____ | | Cost to Student, if applicable \$ _____ | |

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/Guardian's Signature

Date

Please return this form to your child's teacher.

Review/Revised:3/11/2015

Lunch Request/Cancellation Form

When ordering boxed lunches for a field trip or event:

- Field trip or event is approved.
- Lunch Form is filled out and turned in with request form.
- Student ID#'s must be entered the day of the trip or event, in the lunchroom, **before** lunches will be given out.

If field trip is over lunches, and ordering boxed lunches is not necessary, indicate below, the # of lunches that are to be cancelled.

If students will need to attend a specific lunch time, indicate below, which lunch will be will have a reduction and/or addition in numbers.

Organizing Staff member: _____

Today's Date: _____

Date of Trip: _____

Number of boxed lunches requested: _____

Site location students will eat lunch: _____

Number of lunches being cancelled: _____

Lunch **1** **2** **3** (circle one) will have an increase of (# of students) _____

Organizing Staff member's signature _____

Date _____

Day Field Trip Notification to Health Office

(Must be submitted to health office 2 weeks prior to trip)

In order for medication administration, medical procedures, and first aid supplies, it is required that this form be given to the school nurse 2 weeks prior to a field trip. Attach trip roster to form.

School: _____ Teacher: _____

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Time: _____

Brief description of anticipated environment and activities: _____

I have been instructed regarding the medication and procedures and understand the responsibility I am assuming in administering them on this field trip. I have been given the necessary medications and supplies. I have a field trip kit, medical release forms, and will locate the nearest phone upon arrival at our destination. I understand how to activate 911 Emergency Medical Services.

Signature of Teacher: _____ Date: _____

Printed Name of Supervising Adult: _____ Position: _____

Signature of First Aid Provider/Medication delegate (if different than teacher): _____

| Student Name | Medication/Dose | Instructions | # of pills sent | # of pills returned |
|--------------|-----------------|--------------|-----------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Student Name | Medication/Dose | Route | Time Given | Signature |
|--------------|-----------------|-------|------------|-----------|
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Signature of Nurse Review: _____ Date: _____

Student and Teacher Awareness Form

Today's Date _____ Date of Field Trip _____ Destination _____

Organizing Teacher Leading Field Trip _____ Current Student Attendance = _____ %

I recognize that I am responsible for my own academic success. It is my responsibility to make up all missing work and quizzes on my own time. I understand I may not be able to attend this field trip if my grades and attendance are not in good standing. While field trips are a valuable out-of-school experience, I realize it is a privilege and not a right to participate. If a teacher feels it is in my best academic interest to remain in school and not attend the field trip, I will respect their judgment.

Student Name (Printed) _____ Student Signature _____

• Student must complete this section

| Period | Class | Teacher | My current grade for this class | I am up-to-date on my assignments |
|--------|-------|---------|---------------------------------|-----------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |

• Classroom teachers complete this section

| Period | This student may miss my class to attend the above field trip. (Signature) | Before signing, I would like the organizing teacher to contact me. |
|--------|--|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

While field trips are a valuable out-of-school experience, it is a privilege and not a right to participate.

This form is to be turned in to the organizing teacher, and s/he will turn it in to Jill at least three days prior to the field trip.

Chaperone Roles and Responsibilities

As a chaperone for a Fleming County sponsored event, the chaperone must understand, that by agreeing to be a chaperone they will temporarily be assuming complete legal responsibility of the students within the group. This includes prohibiting the use of alcohol, tobacco, illegal drugs, and public displays of affection or profanity.

The chaperone will report any behavior problems to the appropriate administrator upon returning. Any serious behavior issues should be reported immediately by calling the school's secretary.

The chaperone should understand that he/she may be personally responsible and liable for any actions that fall outside the scope of authority granted to them as chaperone for Fleming County.

The chaperone will;

- Maintain head count and order on the bus. Chaperones should be stationed at the front and rear of the bus.
 - Treat students in a professional and respectful manner.
 - Be available for emergencies concerning the students.
 - Act as an escort when required and as such, will provide general guidance and direction concerning mature behavior for the duration of the event.
-

Protocol:

Students will understand the process of being checked on to the bus. A staff member will be at the entrance of each bus, (or other form of transportation), with a list of approved students attending the trip. Approved students will include only those students that have returned a permission slip and a completed student-teacher awareness form. Staff will check off students one by one as they board the bus, to ensure who is present and that there are no extras. **This attendance along with copies of the signed permission slips is brought to the attendance office prior to departing on the trip.** Once on the bus, the staff member will remind students of the behavior expectations. Students will understand where they are to gather/meet upon arrival at the destination and all chaperones will understand which students they are responsible for overseeing.

When leaving the field trip site, attendance will be taken when students have boarded and before the bus departs, to ensure that all students are accounted for. Students will have a clear understanding where they are expected to report upon returning to Edison.

I have read and understand my expectations and obligations as a chaperone.

Name

Date

School Bus Seating Chart

| | | | | | | | |
|--------------------|--|--|--|-----------------------|--|--|--|
| Driver Name: | | | | Bus #: | | | |
| DRIVER SIDE | | | | PASSENGER SIDE | | | |
| Seat #1 | | | | Seat #1 | | | |
| Student name: | | | | Student name: | | | |
| Seat #2 | | | | Seat #2 | | | |
| Student name: | | | | Student name: | | | |
| Seat #3 | | | | Seat #3 | | | |
| Student name: | | | | Student name: | | | |
| Seat #4 | | | | Seat #4 | | | |
| Student name: | | | | Student name: | | | |
| Seat #5 | | | | Seat #5 | | | |
| Student name: | | | | Student name: | | | |
| Seat #6 | | | | Seat #6 | | | |
| Student name: | | | | Student name: | | | |
| Seat #7 | | | | Seat #7 | | | |
| Student name: | | | | Student name: | | | |
| Seat #8 | | | | Seat #8 | | | |
| Student name: | | | | Student name: | | | |
| Seat #9 | | | | Seat #9 | | | |
| Student name: | | | | Student name: | | | |
| Seat #10 | | | | Seat #10 | | | |
| Student name: | | | | Student name: | | | |
| Seat #11 | | | | Seat #11 | | | |
| Student name: | | | | Student name: | | | |