

TRUMBULL PUBLIC SCHOOLS
FIELD TRIP REQUEST

- FORWARD ONE COPY OF THE PRINCIPAL'S APPROVED REQUEST TO THE OFFICE OF THE ASSISTANT SUPERINTENDENT AT LEAST THREE (3) WEEKS PRIOR TO DATE OF TRIP FOR DAY TRIPS, AT LEAST NINETY (90) DAYS PRIOR FOR OVERNIGHT TRIPS AND TRIPS TO FOREIGN COUNTRIES.
- IF SCHOOL OR COACH BUSES ARE INVOLVED THE APPROVED REQUEST WILL BE FORWARDED TO THE TRANSPORTATION DEPARTMENT.
- CONFIRMATION WILL BE FORWARDED FOLLOWING APPROVAL.

Date Submitted _____ Submitted By _____ Trip Date _____
 School _____ Group _____
 Destination _____ Address(Directions) _____

 Time: Leave School _____ Leave Destination _____
 Arrive Destination _____ Arrive At School _____
 Itinerary _____

How will this activity enhance student learning and integrate curricular goals?

Number of Students _____ Grade Level _____ Number of Adults _____
 Teacher(s) _____

Substitute Required? Yes No Nurse Notified _____ Date _____
 Initials

Transportation: School Buses Coaches Parents Driving
 (parents must sign parent driver form)

To be arranged by: Transportation Office School Office

Any Special Considerations _____

<u>Costs:</u>	<u>Amount</u>	<u>To Be Paid By</u>
Transportation _____	_____	_____
Other _____	_____	_____

Principal's Approval _____ Date _____
 Assistant Superintendent _____ Date _____

This section to be completed by Transportation Department. Confirmation will be forwarded.

The trip schedule will be as follows:
 Leave School _____ Arrive Destination _____ Leave Destination _____ Arrive School _____
 Number of Vehicles _____ Cost per Vehicle _____ Total Cost _____

Supervisor of Transportation _____ Date _____

TRUMBULL PUBLIC SCHOOLS
FIELD TRIP INFORMATIONAL FORM

Dear Parent or Guardian,

Please review the information listed below regarding your child's upcoming field trip. Keep this form for reference. Accompanying this informational form is a Field Trip/Medical Permission Slip which you are to complete and return no later than _____/_____/_____. If you have any questions, please call me.

Name of Child

Sponsor

School

Phone

- I. How will this activity enhance student learning and integrate curricular goals _____

- II. Place (s) to be visited _____

- III. Date and time of departure from school _____
- IV. Date and time of approximate return to school _____
- V. Type of transportation to be used * _____
- VI. Lodging _____
- VII. Total cost of trip to student _____
- VIII. Trip cancellation insurance information (Parents are responsible for obtaining trip cancellation insurance and for pursuing reimbursement for a cancelled field trip from the travel agent or the travel insurance carrier.)

- IX. Recommended wearing apparel _____

* If parents/students are to drive, have Parent Driver Form – Field Trips Form completed.

Approved: 10/15/13

TRUMBULL PUBLIC SCHOOLS
FIELD TRIP/MEDICAL PERMISSION SLIP

ALL MEDICATION TO BE DISPENSED DURING THIS FIELD TRIP MUST BE IN THE NURSE'S OFFICE BY NOON ON THE DAY PRIOR TO THE FIELD TRIP OR THE STUDENT WILL NOT BE ALLOWED TO PARTICIPATE.

DATE OF APPLICATION _____

DATE OF FIELD TRIP _____ DESTINATION _____

NAME OF STUDENT _____ HOME PHONE _____

BUS Phone _____

PARENT/GUARDIAN _____ CELL PHONE _____

BUS Phone _____

PARENT/GUARDIAN _____ CELL PHONE _____

EMERGENCY TELEPHONE NUMBER

NAME _____ PHONE _____

RELATIONSHIP TO STUDENT _____

FIELD TRIP

I fully understand the nature of the program in which my son/daughter will be participating and hereby give my

permission for _____ to take the field trip. I fully understand that my son/daughter is to abide by school policies and regulations regarding conduct and use of drugs or alcohol.

I realize that my signature below relieves the Trumbull Board of Education of any financial obligations due to trip cancellation for any reason, including Board or administrative action.

_____ Date

_____ Signature of Parent/Guardian

MEDICAL

If your child has any special medical problems, allergies, dietary needs, handicap, special prescriptions, etc., please list: _____

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his, her or their discretion. I release and waive and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees and representatives, thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising. Parents are responsible for obtaining trip cancellation insurance and for pursuing reimbursement for a cancelled field trip from the travel agent or the travel insurance carrier.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher/sponsor in charge, etc., the parent/guardian agrees to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent/guardian understand and agree to the guidelines from each teacher as to making up missed assignments.

Signature of Parent/Guardian _____

NO CHILD WILL BE ABLE TO ATTEND THIS FIELD TRIP WITHOUT A FULLY COMPLETED FIELD TRIP/MEDICAL PERMISSION WITH ORIGINAL PARENT SIGNATURES. NOFAXES, PHONE CALLS, ETC. WILL BE ACCEPTED, ONLY THIS FORM.

Revised: 10/15/13

TRUMBULL PUBLIC SCHOOLS
STUDENT/TEACHER/PARENT DRIVER FORMS

Use of a Privately Owned Vehicle

NAME _____ TELEPHONE _____

ADDRESS _____ SCHOOL _____

I am aware that I must have liability insurance coverage of \$100, 000/\$300,000 in order to be eligible to drive school children on field trips and that in the event of an accident, my liability insurance becomes primary – the town insurance will meet coverage where my insurance coverage terminates. Furthermore, I agree to comply with all laws relating to driving, including requiring the use of seat belts in my car. If I am a student, I will not take other students in my car unless it is allowed under the current law.

Student/Teacher/Parent Signature _____ Date _____

Student's Age: _____ DOB: _____

Parent/Guardian Signature: _____
Signature of Parent/Guardian required if student driver is under 18
or is over 18, but is not the owner of the vehicle being used.

Insurance Carrier _____ Date of Trip(s) _____

Policy Number _____

Expiration date: _____

TRUMBULL PUBLIC SCHOOLS
Parent Guardian Permission Slip for Transportation in Private cars.

Student's Name: _____

Student's Homeroom _____

Home Phone: _____

Student #: _____

Cell Phone: _____

School Activity: _____

Place of Transport: From: _____

To: _____

I understand that this is a school sponsored activity and that there is no bus or van transportation available, therefore the use of private cars is necessary. Primary liability will be the responsibility of the driver of the vehicle, the town insurance will meet coverage where that insurance coverage terminates.

I hereby give permission for my son/daughter _____ to be transported by private cars.

Parent /Guardian signature _____

Date: _____

TRUMBULL PUBLIC SCHOOLS
POST FIELD TRIP REPORT

The sponsor of the trip in conjunction with the volunteer chaperones (employees/non-employees) will complete and submit this report to the building administrator within 10 school days of completion of the trip. Please provide both negative and positive comments.

TRIP _____

SCHOOL(S) _____

SPONSOR _____

PURPOSE OF TRIP _____

Do you feel the trip was successful? Yes _____ No _____

Please comment _____

DISCLOSURE: Were any gifts/gratuities and/or promotional items received? ___Yes ___No

If yes specify: _____

How was this used to benefit the trip or the school. _____

Signed _____

Date _____