

Ridgeview Middle School Field Trip Request Check List

(Return documents to Site Secretary)

*Check your date with the Master Calendar
* NO TRIPS during SBAC (CAASPP) testing
* Paper work must meet both RMS Admin and Board Agenda deadlines (plan one month out).

Date Submitted: _____ Date to Fox: _____ Date to Board: _____

☐ Please check box if trip is over 75 miles AND/OR overnight

Teacher: _____ Club: _____ # of Students _____

Destination: _____ Event: _____ Purpose: _____

Projected Cost: \$ _____ Fundraising? Yes ☐ No ☐

Departure Date: _____ Time: _____ / Return Date: _____ Time: _____

*This trip & date must have preliminary approval by RMS Administration (Fox). They meet weekly on Thursdays at 9:00 a.m. to review calendar issues. The signature below authorizes you to proceed with paperwork. Please type forms, no handwritten per District. Thank you.

Ridgeview Administration

Date

(**Indicates required forms)

- ☐ **6153a **Request for Board Approval** [this form must be completed for trips over 75 miles AND/OR overnight]
- ☐ **6153b **Instructor/Supervisor Waiver and Consent**
- ☐ **6153e **Certificate of Financial Security**
- ☐ ****List of Students** [if students will miss instructional time, you must email Site Secretary student roster TWO WEEKS PRIOR to your event so s/he can notify the teaching staff]
- ☐ ****Itinerary** [Make your itinerary as detailed as possible, if overnight, include bed checks]
- ☐ **Conference Attendance Form** [IF APPLICABLE, for \$ reimbursement]
- ☐ Flyer or Completed **Conference Registration** Form [IF APPLICABLE]
- ☐ **Field Trip Request Form (Transportation Form)** [if a school bus/charter bus is needed. Call Transportation –Ext. 7593 in advance for availability of a charter bus, and the date will be held for you]
- ☐ **(GS-1)** Requisition Form for the bus/hotel/tickets [if using ASB account, include ASB act #]
- ☐ **Substitute Request** Form [IF APPLICABLE, please check with Site Secretary for requirements]
- ☐ **6153c **Voluntary Excursion/Field Trip Notice and Medical Authorization** form for a MINOR. One form per student. Must be signed by the parent/legal guardian. A copy of these forms are kept by the teacher and taken on the trip. Please make an additional copy for Site Secretary to keep in office.
- 6153d **Voluntary Excursion/Field Trip Notice and Medical Authorization** form for an ADULT. One form per adult, including the teacher. A copy of these forms are kept by the teacher and taken on the trip. Please make an additional copy for Site Secretary to keep in office.

- ☐ 6153(g) Personal Vehicle Use Guidelines [if applicable]
- ☐ 6153(h) & (i) Waivers and License Background Checks [if applicable]
- ☐ 6153(j) Non-District Vehicle Driven by District Person [if applicable]
- ☐ 6153(k) Non-District Vehicle Driven by Non-District Person [if applicable]
- ☐ 6153(l) Minor-Class/Activity Registration [if applicable]
- ☐ 6153(m) Employee/Volunteer Personal Vehicle Use [if applicable]

**VISALIA UNIFIED SCHOOL DISTRICT
REQUEST FOR BOARD APPROVAL OF
STUDENT FIELD TRIP**

☐ Under 75 miles
☐ Over 75 miles
☐ Overnight
☐ Out of state
☐ Out of country
☐ Competitive
☐ Non-competitive

1. Title and/or purpose of trip _____

2. Inclusive dates of trip: From _____ Through _____
3. Destination and/or description of itinerary _____

4. Means of transportation _____

5. Expenses to be paid by _____
Otherwise known as the sponsoring group.
Budget Number (if applicable) _____
6. Attached is an outline of the sponsoring group's plans for fund raising activities, accounting of funds raised and expended, and return of funds not used.
7. Attached is a sponsoring group waiver, exempting the Board from financial responsibility and specifying that public funds will not be utilized for this trip.
8. Total Number of Students _____ Grade Level(s) _____
A list of students must be submitted prior to departure.
9. Names and addresses of instructors/supervisors for the field trip

10. School at which students are enrolled _____

Dated _____, 20____ Signature of Person Submitting Request

I certify compliance with the requirements of the appropriate Administrative Regulation

Dated _____, 20____ Signature of School Principal

Dated _____, 20____ Signature of Area Superintendent

_____ Under 75 miles
 _____ Over 75 miles
 _____ Overnight
 _____ Out of state
 _____ Out of country
 _____ Competitive
 _____ Noncompetitive

VISALIA UNIFIED SCHOOL DISTRICT
EDUCATIONAL ACTIVITIES - STUDENT TRIP
INSTRUCTOR/SUPERVISOR WAIVER AND CONSENT

Education Code Section 35330 states in part: "The governing board of any school district or the county superintendent of schools of any county may: (a) Conduct field trips or excursions in connection with courses of instruction or school related social, educational, cultural, athletic, or school band activities to and from places in the state, any other states,...or a foreign country...A field trip or excursion to and from a foreign country may be permitted to familiarize students with the language, history, geography, natural sciences, and other studies relative to the district's course of study for such students, pupils... (b) Engage such instructors, supervisors, and other personnel as desired to contribute their services over and above the normal period for which they are employed by the district, if necessary, and provide equipment and supplies for such field trip or excursion."

"...All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for any injury, accident, illness or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims."

I, the undersigned, do hereby offer to the district my services on a voluntary basis as instructor/supervisor for the field trip to _____
 scheduled on _____, 20 ____ through _____, 20 ____.

I recognize this is not a school-required trip and that my participation is entirely voluntary. As required by the above quoted Education Code Section, I expressly waive all claims against the Visalia Unified School District and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip.

Dated _____, 20____

 Instructor/Supervisor Signature



E 6153 (c)

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION - MINOR

Dear Parent/Guardian:

Please complete and return this form to: _____.

My son/daughter _____ has my permission to participate in the
following voluntary activity: _____.

Destination: _____ Transportation Provided By: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

As stated in California Education Code Section 35330, I understand that I hold Visalia Unified School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

"Education Code Section 35330 states in part: "The governing board of any school district or the county superintendent of schools of any county may: (a) Conduct field trips or excursions in connection with courses of instruction or school related social, educational, cultural, athletic, or school band activities to and from places in the state, any other states,...or a foreign country...A field trip or excursion to and from a foreign country may be permitted to familiarize students with the language, history, geography, natural sciences, and other studies relative to the district's course of study for such students, pupils... (b) Engage such instructors, supervisors, and other personnel as desired to contribute their services over and above the normal period for which they are employed by the district, if necessary, and provide equipment and supplies for such field trip or excursion."

"...All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for any injury, accident, illness or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims."

In the event of illness or injury, 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 a member of the medical staff of the hospital or facility furnishing medical or dental services.

Medical Insurance Carrier

Policy No.

Address

- ☐ Check here if there are no special health issues that the staff should be aware of and no medications are required on the trip.
☐ Check here if your child has a health condition and/or requires medication.

A special note to Parent/Guardian: (1) All medications must have the appropriate Medication in School Form completed by a licensed healthcare provider, unless the parent is attending the trip and will be administering the medication to their child; **(2)** All medications, except those which must be kept on the student's person for emergency use, must be kept in a labeled container and distributed by the staff; **(3)** If any medication is to be taken by student, list below:

Name of medication: _____ Time medication must be taken: _____

Reason: _____

If your son or daughter has a special medical issue, please briefly indicate in space provided

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violations of these rules and regulations may result in that individual being sent home at the expense of his/her and/or parent/guardian.

Parent/Guardian Signature: _____

Date: _____

Address: _____

Phone: _____

Student Signature: _____

Date of Birth: _____

2/2/2017

**EXCURSION VOLUNTARIA/ANUNCIO DE PASEO Y AUTORIZACION MEDICAL-MENOR**

Estimado Padre/Guardián:

Por favor complete y regrese esta forma a: _____.

Mi hijo/a _____ tiene mi permiso para participar en la siguiente actividad voluntaria: _____.

Destino: _____ Transporte proporcionado por: _____

Fecha de Salida: _____ Fecha de Regreso: _____

Hora de Salida: _____ Hora de Regreso: _____

Como está declarado en el Código de Educación de California Sección 35330, yo entiendo que yo no hago responsable al Distrito Escolar Unificado de Visalia, a sus oficiales, agentes y empleados de cualquier daño y queja, la cual puede surgir de o en conexión con la participación de mi niño/niña en esta actividad.

El Código de Educación Sección 35330 declara en parte: “ La junta de gobierno de cualquier distrito escolar o el superintendente de las escuelas del condado de cualquier condado puede: a) Conducir paseos o excursiones en conexión con cursos de instrucción o actividades escolares relacionadas socialmente, educacional, cultural, atlética, o de la banda escolar a o de lugares en el estado, cualquier otro estado, ...o a un país extranjero...Un paseo o excursión a y de un país extranjero puede ser permitido para familiarizar a los estudiantes con el lenguaje, historia, geografía, ciencias naturales y otros estudios relativos al curso de estudio del distrito para dichos estudiantes, alumnos....(b) Comprometer a dichos instructores, supervisores, y otro personal como sea deseado para contribuir a sus servicios más allá del período normal para el cual ellos están empleados para el distrito, si es necesario, y proveer equipo y materiales para dicho paseo o excursión.”

“...Todos las personas que están haciendo el paseo o excursión deben de estar autorizados para tener renuncias a todas las quejas en contra el distrito o el Estado de California por cualquier daño, accidente, enfermedad o muerte ocurriendo durante o por razón del paseo o excursión. Todos los adultos yendo al paseo fuera del estado o excursiones y todos los padres o guardianes de estudiantes que van al paseo o excursión fuera del estado deben de firmar una declaración de renuncia a dichas quejas.”

En el evento de una enfermedad o daño, por medio de la presente yo doy consentimiento para ya sea rayos x, examinación, anestésico, médico, cirujano o diagnóstico dental o tratamiento y cuidado en el hospital cuando es considerado necesario en el mejor juicio del médico que está atendiendo, cirujano, o dentista y llevado a cabo por y bajo la supervisión de un miembro del personal médico del hospital o facilidad proveyendo servicios médicos o dentales.

Seguro Médico

Póliza #

Dirección

☐ Marque aquí si **no** hay problemas especiales de salud que el personal debe tener en cuenta y no se requieren medicamentos en el viaje.

☐ Marque aquí si su hijo tiene una condición de salud y/o requiere medicamentos.

Una nota especial a los Padres/Tutores: (1) Todos los medicamentos deben tener el Formulario de Medicación en la Escuela completado por un proveedor de atención médica con licencia; **(2)** Todas los medicamentos deben ser mantenidos y distribuidos por el personal escolar, con excepción de medicamentos que deben ser mantenidas en la persona del estudiante para uso de emergencia. **(3)** Si hay medicamentos que deben ser tomados por el estudiante, enumérelas aquí; (Nombre de la medicina, cantidad, tiempo y razón).

Si su hijo/hija tiene un problema médico especial, por favor explique en el espacio proveído

Yo entiendo muy claramente que los participantes deben de obedecer las reglas y reglamentos que gobiernan la conducción de este paseo. Cualquier violación a estas reglas y reglamentos puede resultar que el individuo sea enviado a su casa a expensas de su padres/guardianes de el/ella.

Firma del Padre/Guardián: _____ Fecha _____

Dirección: _____ Teléfono: _____

Firma del Estudiante _____ Fecha de Nacimiento _____

Visalia Unified School District
High School Field Trip Form

Student Responsibility and Behavior Expectation for Field Trips

Student field trips represent an important and valuable adjunct educational activity. Our goal with any trip with students is to offer the student an experience that cannot otherwise be obtained within the regular campus environment. As such, field trips must be connected to the school program, and are to be considered an extension of the classroom experience.

Visalia Unified School District expects that all students, staff and chaperones who take part in field trip activities will individually and collectively conduct themselves responsibly and appropriately, and represent the school to the public in the most positive manner possible.

To that end:

- Students are expected to conduct themselves appropriately to the district and school conduct code.
- Parents are expected to discuss with their son or daughter their responsibilities for appropriate conduct while on field trips.
- Teachers and chaperones are expected to provide structured and comprehensive supervision of students throughout the field trip.

Field trip Destination: _____

Date of trip: _____

School staff member in charge of trip: _____

School administrator responsible: _____

Student

I understand that this field trip is an extension of the school day, and that all school rules and regulations, as outlined in the Student Conduct Code, apply throughout the trip. I understand that if I violate these rules I will be disciplined accordingly. In the event of a serious violation, I may be sent home from the trip early, or referred to local law enforcement.

Student signature: _____ Date: _____

Parent

I understand that this field trip is an extension of the school day, and that all school rules and regulations, as outlined in the Student Conduct Code, apply throughout the trip. I understand that if my student violates these rules he will be disciplined accordingly. In the event of a serious violation, I may be required to travel to the location of the field trip to pick my student up or that he/she may be sent home from the trip at my expense and as my responsibility, or that he/she may be referred to local law enforcement.

Parent signature: _____ Date: _____



**VOLUNTARY EXCURSION/FIELD TRIP WAIVER NOTICE
AND MEDICAL AUTHORIZATION - ADULT**

School Site: _____

Activity: _____

Destination: _____

Transportation Provided by: _____

Departure Date: _____ Time: _____ AM/PM

Return Date: _____ Time: _____ AM/PM

As stated in California Education Code Section 35330, I understand that I hold the Visalia Unified School District, its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity.

I REALIZE THAT UNANTICIPATED AND UNEXPECTED DANGER MAY ARISE WHILE THE EVENT IS IN PROGRESS AND DURING OTHER ACTIVITIES ASSOCIATED WITH THIS EVENT. I VOLUNTARILY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY, DEATH OR DAMAGES OF ANY NATURE RESULTING DIRECTLY OR INDIRECTLY FROM PARTICIPATION IN THIS EVENT.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Print Name: _____ Date: _____

Signature: _____ Phone No.: _____

Address: _____

Personal Health Insurance Company: _____ Group No.: _____

In the event of illness or accident, please notify:

Name: _____ Phone No.: _____

Address: _____ Relationship: _____

If you have any special medical problems or if you are currently taking prescription medicine, please attach a description of each to this sheet.

1/27/98

Revised: July 23, 2001

Revised: January 23, 2009

_____ Under 75 miles
_____ Over 75 miles
_____ Overnight
_____ Out of state
_____ Out of country
_____ Competitive
_____ Non-competitive

VISALIA UNIFIED SCHOOL DISTRICT EDUCATIONAL ACTIVITIES - STUDENT TRIP

CERTIFICATION OF FINANCIAL SECURITY

I certify under penalty of perjury that the foregoing is true and correct:

That financial security has been established sufficient to cover the traveling and living expenses for all participants, and

That no student will be excluded from the trip solely because of insufficient funds.

Date

School Site

Signature - Principal of School

Signature – Area Superintendent

1/27/98

Revised: July 23, 2001
Revised: January 23, 2009

Craig Wheaton Ed.D.
Superintendent

Mark A. Fulmer, Ed.D.
Assistant Superintendent
Administrative Services

Terry J. White

Director Administrative Services



Board of Education

Rodney Elder
Juan R. Guerrero
Larry Jones
Michael D. Lane
Donna Martin
Jim L. Qualls

"Raising Expectations"

TRANSPORTATION REQUEST

INSTRUCTIONS:

1. Please provide all information requested. Complete information will help us plan and result in a smoother trip for you. Make a copy of the Transportation Request for your records. Forward original to your principal or site administrator.
2. A completed GS1, signed by site administrator, must be submitted with all requests. Requests submitted without a GS1 attached will be returned to you unscheduled.
3. Principal/Site Administrator: Please approve the Transportation Request and GS1. Make a copy of the Transportation Request for your records. Forward originals of both forms to the Transportation Office.
4. The Transportation Request, with GS1 attached, must reach the Transportation Office a *minimum* of 10 school days prior to trip.

SITE: _____ **PHONE:** _____ **CONTACT PERSON:** _____

TYPE OF SERVICE: ☐ School Bus ☐ Charter Bus ☐ *Car/Suburban/Van ☐ *Rental Vehicle ☐ Credit Card

* Only District employees on DMV pull-notice program may drive the vehicle.			TRIP NUMBER:	
Driver Name: _____		CA DR License #: _____		
Number Of Students: Approximately	Number of Chaperones:	Total Passengers:	# Vehicles Required:	
Departure Location: See below under special instructions		Destination:		
Departure Date:	Departure:	Return Date:	Destination Time:	
Person Responsible for group during trip:		Finish Time:		
Will you need a: ☐ Rest Stop ☐ Meal Stop?		Purpose of Trip: _____		
Location: _____		_____		
SPECIAL INSTRUCTIONS: Trip information/instructions cannot be changed without approval from the driver's supervisor.				

You will receive a written estimate for your trip when it is scheduled. If you need to call about your trip, please have your Field Trip Number, which you'll find on your estimate, available. Dispatch phone number is 730-7592.

REQUESTS RECEIVED WITHOUT A GS1 ATTACHED WILL NOT BE SCHEDULED!

Principal/Site Administrator _____ Date _____